MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

12359

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 27 yrs. 4 mo.

Stay in this community (yrs., or mos., or days): 27 yrs. 4 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: —

City or town: Baltimore, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3300 Liberty Hts. Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Patrick Ahern

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: 82 | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Odd jobs

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 10 1941 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Frederick Rd.

18. Funeral director: H. W. Shriver Inc

Address: 4130 Edmondson Ave

19. 1/10 1940 (Date rec'd by registrar) H. L. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-29- 1941, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27 1937, to Dec. 29 1940, and that I last saw him alive on Dec. 29, 1940.

Immediate cause of death: Broncho pneumonia — DURATION: 2 da.

Due to: Chr. myocarditis — Indef.

Due to: Gen. arteriosclerosis — Indef.

Other conditions: Alcoholic psychosis — Before 1913.
(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: As above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert E. Gardner M.D. M. D. or other

Address: Spring Grove State Hosp. Catonsville, Md. Date signed 1/1/41

RECEIVED
JAN 11 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

12360

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Woodlawn R. D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cook's Lane nr Franklintown.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Woodlawn R. D. Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cook's Lane nr Franklintown

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harman Louis Albers

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Kirchen May Albers

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Feb. 27, 1890

8. AGE: Years	Months	Days	If less than one day
50	9	17	____ hrs. ____ min.

9. Birthplace: Baltimore, Md.

10. Usual occupation: ~~Merchant--Packer~~ Provision Broker

11. Industry or business: H. L. Albers Co.

FATHER — 12. Name: John Frederick Albers

FATHER — 13. Birthplace: Md.

MOTHER — 14. Maiden name: Albertina Schutt

MOTHER — 15. Birthplace: Germany

16. Informant: Mrs H. L. Albers

Address: Woodlawn R. D. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 16 1940 (month) (day) (year)

Cemetery or crematory: Western

Location: Edmondson Ave & Longwood Sts

18. Funeral director: Harry N Withe

Address: 4101 Edmondson Ave

19. 12/15 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

3:40

20. DATE OF DEATH: December 14, 1940, at A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 12, 1940, to Dec. 14, 1940, and that I last saw him alive on Dec. 14 1940

Immediate cause of death	DURATION
Coronary Thrombosis	46 hrs
Due to: Adams-Stokes syncope	4 hrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings: Of operations: No operation

Of autopsy: No.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harold J. Carroll Monmonier M. D. or other

Address: Date signed 12/15/40

DEPUTY LOCAL

RECEIVED
JAN 2 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

12361

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Balto.

City or town: Glyndon (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Butler Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Glyndon (If outside city or town limits, write RURAL and give nearest town)

Street No.: Butler Road (If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Maude Schuler Allender

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Edward Allender

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Feb. 11, 1873

8. AGE: Years	Months	Days	If less than one day
67	9	20	....hrs. ....min.

9. Birthplace: Penna. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Edward Schuler

FATHER — 13. Birthplace: Kansas

MOTHER — 14. Maiden name: Alice Ness

MOTHER — 15. Birthplace: Kansas

16. Informant: Fletcher Allender

Address: Reisterstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 4, 1940 (month) (day) (year)

Cemetery or crematory: All-Saints Cemetery

Location: Balto. Co.

18. Funeral director: J. F. Eline & Sons

Address: Reisterstown, Md.

19. Dec 13 1940 (Date rec'd by registrar) J. Frank Mitten M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 1 1940, at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-29 1940, to 12-1 1940 and that I last saw her alive on 11-30-'40 1940

Immediate cause of death	DURATION
Angina Pectoris	2 da.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: None. Injured at work?

23. SIGNATURE: D. D. Eagles, M. D. M. D. or other

Address: Reisterstown, Md. Date signed: 12-2-'40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-21

CERTIFICATE OF DEATH

12362

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville - Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville - Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 27 Edmondson Ridge Road.

(If rural, give LOCATION)

2.(a) If veteran, name war: none.

3.(a) FULL NAME: Edward E. Bailey Jr.

3.(b) Social Security Number: none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 14th; 1940.

8. AGE: Years	Months	Days	If less than one day
	1	16	hrs. min.

9. Birthplace: Baltimore - Md. (Town, county, and state)

10. Usual occupation: none.

11. Industry or business:

FATHER — 12. Name: Edward E. Bailey Sr.

13. Birthplace: Md.

MOTHER — 14. Maiden name: Dorothy E. Cutler.

15. Birthplace: Md.

16. Informant: Edward E. Bailey Sr.

Address: 27 Edmondson Ridge Road.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Dec. 31-40. (month) (day) (year)

Cemetery or crematory: Lorraine Park Cemetery.

Location: Baltimore - County.

18. Funeral director: Charles L. Schwab.

Address: 505 N. Monroe St.

19. 12/31/40 (Date rec'd by registrar) Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 30th. 1940, at 8. A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9th 1940, to Dec. 30 1940 and that I last saw h. LM alive on Dec. 23rd 1940

Immediate cause of death	DURATION
Congenital Heart Disease	Life
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wm. M. Swabold M. D. or other

Address: 5402 Edmondson Ave. Date signed: 12-30-40

RECEIVED
JAN 2 1941
BUREAU V. S.

Dr Benson 1 Overlea Ave Ham 1240

12363

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Balto County

City or town 25 Elmont Ave Overlea
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Balto

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No. 25 Elmont Ave Overlea
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Harry B. Bailone

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of ~~husband~~ or wife Elsie Belle Bailone

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 5th 1865

8. AGE: Years 75 Months 9 Days 6 If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual occupation Carpenter (Self)

11. Industry or business Retired

FATHER
12. Name Pascal Bailone
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden name Fannie Belle
15. Birthplace Baltimore Maryland

16. Informant Mrs Elsie Belle Bailone
Address 25 Elmont Ave (Overlea)

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec 14 1940
(month) (day) (year)

Cemetery or crematory Loudon Park Cemetery

Location Frederick Road Balto Md

18. Funeral director William Cook
Address 1217 St Paul St Baltimore Md

19. 12/12 1940
(Date rec'd by registrar)
Mrs. G. A. Fritz
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11th 1940, at 9 PM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1940, to Dec 11 1940

and that I last saw him alive on Dec 11th 1940

Immediate cause of death

	DURATION
Myocardial insufficiency	1 month
Due to ~~Papilla~~ - Carcinoma	
Due to Papilla, Carcinoma of bladder	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward Benson
M. D. or other

Address 1 W. Overlea Ave Date signed 12/12/40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 23 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (164-d)

12364

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: Balto
County
City or town Parkville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 2907 Garnet Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Parkville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2907 Garnet Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Mary E. Cheney Barber
3. (b) Social Security Number

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife Richard F. Barber
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 7. 1888
8. AGE: Years 52 Months 11 Days 6 If less than one day hrs. min.
9. Birthplace at Home (Town, county, and state)
10. Usual occupation
11. Industry or business Md
FATHER 12. Name George Chaney
13. Birthplace Md
MOTHER 14. Maiden name Busey
15. Birthplace Md
16. Informant Richard F. Barber
Address 2907 Garnet Rd.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/17/40 (month) (day) (year)
Cemetery or crematory Holy Redeemer
Location
18. Funeral director Leonard J. Ruck
Address 5305 Harford Rd.
19. 12/16 1940 (Date rec'd by registrar) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13th 1940, at 7 AM.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~
Immediate cause of death Suicide by Cutting wrist
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
~~Accident~~, suicide, ~~or homicide~~ Suicide Date of 12-13-40
Where did injury occur? Parkville (City or town) Balto (County) Md (State)
Injured at home, ~~farm, industry, public place (where?)~~ home
Means of injury Cutting wrists Injured at work? No

23. SIGNATURE W. P. E. Myer Lady M Ex M. D. or other
Address Parkville Md Date signed 12-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 20 1940
BUREAU V. S.

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-00)

12365

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

Street No. 5706 Edmondson Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Margaret Becker

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband ~~or wife~~ late John Becker

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 8, 1867

8. AGE: Years 73 | Months 7 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Christian Munder

13. Birthplace Germany

MOTHER 14. Maiden name Caroline Kern

15. Birthplace Germany

16. Informant Anna E. Will

Address 507 Dennison St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 30 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Lorraine

Location Woodlawn Md

18. Funeral director Harry H Witzke

Address 4101 Edmondson Ave

19. 12/30 19 40 (Date rec'd by registrar) H C Andrews Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1940 at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 5. 1939 19..., to Dec. 27 1940 and that I last saw her alive on Dec 26 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 16 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE C W Hoffman M. D. M. D. or other

Address 8 East Read St Date signed 12/28/40

Jmech 31 P.M.

RECEIVED
JAN 2 1941
BUREAU V. S.

12366

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1246)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 days

Hospital, institution, or street address where death occurred: Spring Grove St. Hospital

How long in hospital or institution? 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Ellicott City (If outside city or town limits, write RURAL and give nearest town)

Street No.: Main Street (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Eva Beckman

3.(b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Clarence Beckman

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 7 - 1890

8. AGE: Years 50 50 | Months 10 | Days 19 | If less than one day: hrs. min.

9. Birthplace: Pittsburgh Pa (Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER: 12. Name: Herman Weber

13. Birthplace: Unknown

MOTHER: 14. Maiden name: Unknown

15. Birthplace:

16. Informant: Hospital records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 12/26/40 (month) (day) (year)

Cemetery or crematory: Greenville Pa

Location: Greenville Pa

18. Funeral director: T C Higinbotham Jr

Address: Ellicott City Md

19. 12/26 1940 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 26, 1940, at 4:50 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 3, 1940, to December 26 1940 and that I last saw her alive on December 26, 1940

Immediate cause of death	DURATION
Chronic myocarditis before	1940
Due to Chronic intersitial nephritis before	"
Due to Sclerosis of the liver "	"
Other conditions General avitaminosis "	"

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.:

Autopsy results: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Spring Grove State Hosp. Date signed: 12-26-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 2 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 89-a

CERTIFICATE OF DEATH

12367

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 640 North Bend Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 640 North Bend Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: ISABELLE BEEKMAN

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Benjamin Beekman
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 15, 1868
8. AGE: Years 72 Months 8 Days 18 If less than one day ____ hrs. ____ min.
9. Birthplace: Howard County, Maryland (Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER 12. Name ? Reely
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Mr. Wm. DeGrafft
Address 640 North Bend Road
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/6/40 (month) (day) (year)
Cemetery or crematory Baltimore
Location Baltimore, Maryland
18. Funeral director Wm. J. Tickner & Sons, Inc.,
Address North & Penna. Avenues
19. 12/5 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1940, at 1:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 29 1940, to December 3 1940, and that I last saw her alive on December 3 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 da.
Due to Generalized arteriosclerosis	10 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wilmer K. Gallagerthe M. D. or other
Address Catonsville, Maryland Date signed 12/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. W. K. Gallagher
6209 Frederick Avenue

RECEIVED
JAN 2 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (9400)

Reg. Dist. No. 40

12368

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Notch Cliff near Towson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Villa Maria

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Notch Cliff near Towson (If outside city or town limits, write RURAL and give town)

(d) Street No. Villa Maria (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Sister Mary Amalia Bersuder (adopted) own father's name Hess

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12" 1869

8. AGE: Years 72 | Months 2 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Detroit Michigan (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Theodore Hess
13. Birthplace Detroit Michigan

MOTHER
14. Maiden Name Elizabeth ? (not known)
15. Birthplace Detroit Michigan

16 (a) Informant Sr. Mary Clara
(b) Address Notch Cliff, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14" 40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Notch Cliff
Location Glen Arm. Prince

18 (a) Funeral director Geo McFarland Son
(b) Address 811 N Wolfe St

19 (a) 12-18-40 (Date rec'd by registrar) (b) W M Stimmett Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 16 1940, at 8.55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1935, to Dec. 16 1940, and that I last saw him alive on Dec. 11 1940.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John [illegible] M. D. or other

Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1941
BUREAU V. S.

12369

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-0)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: Balto

County

City or town Towson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County

City or town Monkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Elizabeth C. Bosley (Cromwell)

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John Bosley

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 23, 1895

8. AGE: Years 45 Months 5 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace: Catonsville - Md. (Town, county, and state)

10. Usual occupation: Horse Trainer

11. Industry or business: Self

FATHER

12. Name: Richard Cromwell

13. Birthplace: Md.

MOTHER

14. Maiden name: Evelyn Mickey

15. Birthplace: Md.

16. Informant: Mr. John Bosley

Address: Monkton - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 12, 40 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: Baltimore City Md.

18. Funeral director: Wm Michael Sons

Address: North & Pa Aves.

19. Dec. 10 1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9th 1940, 11-50 A.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.~~

Immediate cause of death: Auto accident on

Due to: Public highway

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 12-9-40

Where did injury occur? Towson (City or town) Balto (County) Md (State)

Injured at ~~home, farm, industry~~, public place (where?) Highway

Means of injury: Auto Accident Injured at work? No

23. SIGNATURE: W. P. O. Mise Deputy M. Ex. M.D. or other

Address: Pikesville Md Date signed 12-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

12370

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Stemmers Run
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Savannah Ave. nr. Mace Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 26 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Stemmers Run Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Savannah Ave. nr. Mace Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James E. Brawner

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Male	Married

6 (b) Name of husband or wife: Mary J. Brawner

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 27, 1856

8. AGE: Years	Months	Days	If less than one day
84	9	14	hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Rolling Mills

FATHER 12. Name: Henry Brawner

FATHER 13. Birthplace: Va.

MOTHER 14. Maiden name: Elizabeth Starnall

MOTHER 15. Birthplace: Va.

16. Informant: Mrs. J. E. Brawner

Address: Savannah Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 14, 1940 (month) (day) (year)

Cemetery or crematory: Mt. Carmel Cemetery

Location: O'Donnell St., Balto.

18. Funeral director: Lasselin Funeral Home

Address: 7401 Belair Road

19. Dec. 12 19 40 (Date rec'd by registrar) John J. Connolly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 11th 1940, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 5 1940, to Dec. 11th 1940, and that I last saw him alive on Dec. 11th 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 wk.
Due to	
Due to Arteriosclerosis; Hypertension; Chronic Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. F. White M. D.
M. D. or other

Address: 7616 Eastern Ave. Balto. Md. Date signed 12/12/40

RECEIVED
DEC 24 1940
BUREAU F. E.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (33a)

Reg. Dist. No. 44

12371

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Sparrow's Point (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 616 T Street

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 4 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Va (b) County Buckingham

(c) City or town — (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Nora Braxton

3 (b) If veteran, name war —

3 (c) Social Security No. none

4. Sex F

5. Color or race Col

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. widowed.

6 (b) Name of husband ~~or wife~~ Thomas Braxton

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) unknown

8. **AGE:** Years 71 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER

12. Name unknown

13. Birthplace Va

MOTHER

14. Maiden Name unknown

15. Birthplace Va

16 (a) Informant Matthew Haslins

(b) Address 616. Eye St Sparrows Pt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Samuel W. Chase Bros

(b) Address 638. N. Gilmor St

19 (a) Dec 27-40 (Date rec'd by registrar) (b) Dawson L. Farber Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death December 25 1940, at 8:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1st 1940, to Dec 25th 1940, and that I last saw him alive on Dec 25 1940.

Immediate cause of death	Duration
Broncho-pneumonia	1 wk.
Due to Influenza	2 wks.
Due to arteriosclerosis	unknown
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature J. H. Thomas M. D. or other

Address 1012 Ist Spanish St Md Date signed 12/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12372

Reg. Dist. No. 32

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 0 yrs., 1 mo., 11 days

Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

How long in hospital or institution? 0 yrs., 1 mo., 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5500 Wisconsin Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Fletcher J. Brower

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Mrs. Mary Brower

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): September 17, 1889

8. AGE: Years	Months	Days	If less than one day
51	2	29	..... hrs. ..... min.

9. Birthplace: Randolph County, North Carolina
(Town, county, and state)

10. Usual occupation: Auditor

11. Industry or business: Unknown

FATHER
12. Name: Alfred Brower
13. Birthplace: North Carolina

MOTHER
14. Maiden name: Henrietta Vestal
15. Birthplace: North Carolina

16. Informant: Fletcher J. Brower
Address: 5500 Wisconsin Ave., Chevy Chase, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Unknown (month) (day) (year)

Cemetery or crematory: Unknown

Location: Wilmington, North Carolina

16. Funeral director: George W. Wise Company

Address: 2900 M St., N.W., Washington, D.C.

19. Dec. 16, 1940 (Date rec'd by registrar) Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16, 1940 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5, 1940, to Dec. 16, 1940 and that I last saw him alive on December 16, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 mos.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Laryngitis	4 mos.

(Include pregnancy within 3 months of death)

Major findings of operations: No operations

Date of op.:

Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.
M.D. or other

Address: Mount Wilson, Md. Date signed: 12/16/40

RECEIVED
DEC 24 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12373

CERTIFICATE OF DEATH

Reg. Diat. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0 yrs., 1 mo., 10 days
Hospital, institution, or street address where death occurred: Mt. Wilson Branch Md. Tuberculosis Sanatorium
How long in hospital or institution? 0 yrs., 1 mo., 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1002 W. 40th Street
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: James Patrick Brown

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Irene Brown
6.(c) If alive, give age: 22 years

7. Birth date of deceased (mo., day, yr.): May 3, 1912

8. AGE:

Years	Months	Days	If less than one day
28	7	20	....hrs. ....min.

9. Birthplace: Stevenson, Baltimore Co., Md.
(Town, county, and state)
10. Usual occupation: Tree Trimmer
11. Industry or business: Unknown

FATHER
12. Name: Jacob Brown
13. Birthplace: Baltimore County, Maryland

MOTHER
14. Maiden name: Cecelia Combs
15. Birthplace: Sparks, Maryland

16. Informant: James Patrick Brown
Address: 1002 W. 40th St., Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 26, 1940 (month) (day) (year)
Cemetery or crematory: Black Rock Cemetery
Location: Baltimore, Maryland

18. Funeral director: Landon Brooks
Address: Sparks, Maryland

19. Dec. 23, 1940 (Date rec'd by registrar) J. Drake Spreduig Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 23, 1940, at 2:30 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 13, 1940, to Dec. 23, 1940 and that I last saw him alive on December 23, 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 yrs., 1 mo.
Due to: Tubercle Bacilli
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: No operations
Date of op.:
Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D.
M. D. or other
Address: Mt. Wilson, Md. Date signed: 12/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 31 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

12374

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Rural near Freeland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 74

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore.
City or town Rural near Freeland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. At Stiltz.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
William Thomas Bull.

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Mary Elizabeth Diven
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 7, 1866.
8. AGE: Years 74 Months 8 Days 21 If less than one day ____ hrs. ____ min.
9. Birthplace: Freeland, Md. R.D. (Town, county, and state)
10. Usual occupation: Teamster.
11. Industry or business: Driving horses.
FATHER 12. Name: Thomas N. Bull.
FATHER 13. Birthplace: Freeland, Md. R.D.
MOTHER 14. Maiden name: Mary McCullough.
MOTHER 15. Birthplace: Freeland, Md. R.D.
16. Informant: Mrs. Stanley Farmer
Address: Glen Rock, Pa. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 31, 1940 (month) (day) (year)
Cemetery or crematory: Middletown
Location: Freeland, Md. R.D.
18. Funeral director: Jacob Hartenstein
Address: New Freedom, Pa.
19. Dec 29 1940 (Date rec'd by registrar) Samuel S. Miller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1940, at 6:40 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1 1940 to December 27 1940
and that I last saw him alive on December 27 1940

Immediate cause of death: Arteriosclerotic Gangrene of left foot — OURATION: 21 days
Due to: Arteriosclerosis, — 15 years
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Louis Schatanoff M.D.
M.D. or other
Address New Freedom, Pa. Date signed 12-29-40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12375

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: St Denis

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: St Denis

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Old Roland Rd

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME George Burns

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Mary C. Burns

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Nov 2nd 1857

8. AGE: Years	Months	Days	If less than one day
83.		29	hrs. min.

9. Birthplace: Scotland (Town, county, and state)

10. Usual occupation: Retired Engineer

11. Industry or business: B & O R R

FATHER

12. Name: Edward Burns

13. Birthplace: Ireland

MOTHER

14. Maiden name: E. Rolls

15. Birthplace: Ireland.

16. Informant: Mrs Mary C. Burns

Address: Old Roland Rd. St. Denis, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/4/1940 (month) (day) (year)

Cemetery or crematory: St Augustine's Cem. Elkridge Md.

Location: Elkridge, Md.

18. Funeral director: John J. Howard & Son

Address: 901 Hollins St. Balto., Md.

19. Dec 3 1940 (Date rec'd by registrar) Geo Kupfer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 1st 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 1935, to Dec 1 - 1940

and that I last saw h... alive on Dec 1 - 1940

	DURATION
Immediate cause of death: Coronary occlusion	Few minutes
Due to: ?	
Due to: ?	
Other conditions: Chronic arteriosclerosis	5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: ✓

Date of op.: ✓

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of: a

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ✓

Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: Frederick Reiter M. D. or other

Address: Reisterstown Date signed: Dec 7 40

RECEIVED
DEC 16 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

12376

Reg. Dist. No. 38

1. PLACE OF DEATH: Balto
County
City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD. County BALTIMORE
City or town JACKSONVILLE (RURAL) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Karl Alvin Buselmeier (BUSELMEIER)

3. (b) Social Security Number 214-18-3593

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) NOV. 2, 1922

8. AGE: Years 18 | Months — | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace FREDERICKSBURG, VA. (Town, county, and state)
10. Usual occupation GARAGE ATTENDANT
11. Industry or business FATHER'S GARAGE
FATHER 12. Name KARL A. BUSELMEIER, SR.
13. Birthplace BALTO., MD.
MOTHER 14. Maiden name HELEN CARR
15. Birthplace BALTO., MD.
16. Informant DR. E. G. VANDER BOSCHE
Address BURNBRAE RD., TOWSON, MD.
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 12/9/40 (month) (day) (year)
Cemetery or crematory MT. MARIE CEM.
Location TOWSON, MD.
18. Funeral director John Burns' Sons
Address Towson Maryland.
19. Dec 8 1940 (Date rec'd by registrar) A M Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7th 1940 2-30 A.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.~~
Immediate cause of death Auto accident on
Due to Public highway
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of 12.7.40
Where did injury occur? Towson (City or town) Balto (County) Md. (State)
Injured at ~~home, farm, industry,~~ public place (where?) highway
Means of injury Auto accident Injured at work? No

23. SIGNATURE W. T. O. Nyse Lefty M. Ex. M. D. or other
Address Pikesville Md Date signed 12-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. 44 ~~12877~~

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Marine Ave - Edgemere Md

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Edgemere

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. Marine Ave - Edgemere Md (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Bush

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Margaret Bush

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2 - 1863

8. AGE: Years 77 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden Name "

15. Birthplace "

16 (a) Informant Mrs Mary Welsh

(b) Address Marine Ave - Edgemere Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location O'Donnell St

18 (a) Funeral director John E. Milby Inc

(b) Address 2435 Oliver St

19 (a) Dec 17-40 (Date rec'd by registrar) Dawson S. Harbor Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1940, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940, to Dec 16 1940, and that I last saw him alive on Dec 16 1940.

Immediate cause of death	Duration
Apoplexy	5 hrs
Due to Arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank G Eldred M. D.

Address 502 C St Spruce Pine Date signed 12-18-40

VS 3

JAN 6 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and le[illegible]

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

12378

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sheppard and Enoch Pratt Hospital

Stay in hospital or inst. (yrs., or mos., or days): 8 days

Stay in this community (yrs., or mos., or days): 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery Co.

City or town: Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 445 Grosvenor Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: COL. GERALD BERTRAM BYRNE

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Aileen Whitaker Byrne

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): November 10, 1873

8. AGE: Years: 67 Months: Days: 23 If less than one day: hrs. min.

9. Birthplace: Aldershot, Hampshire, England
(Town, county, and state)

10. Usual occupation: British Army (Retired)

11. Industry or business

FATHER
12. Name: General Thomas Edmund Byrne
13. Birthplace: England

MOTHER
14. Maiden name: Elisa Harios
15. Birthplace: Spain

16. Informant: Hospital records

Address

17. Cremation (~~Burial~~, cremation, ~~or removal. Which?~~) Date thereof 12/4/40 (month) (day) (year)

Cemetery or crematory: Greenmount

Location: Greenmount Ave

18. Funeral director: William Cook

Address: 1217 St Paul St

19. Dec. 3 1940 (Date rec'd by registrar) W. Carroll Vaughan Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 3 1940, at 1.35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25, 1940, to Dec. 3, 1940, and that I last saw him alive on December 2, 1940.

Immediate cause of death	DURATION
Lobar Pneumonia	7 days
Due to Hypertensive Cardiovascular renal disease	3 yrs.
Due to Arteriosclerosis, general	3 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: See above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Arthur E. Pattrell, M.D. M. D. or other

Address Date signed

RECEIVED
JAN 14 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-C)

CERTIFICATE OF DEATH

12379

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Balto.

City or town: Reisterstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Reisterstown (If outside city or town limits, write RURAL and give nearest town)

Street No.: Bond Ave. (If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Samuel A. Cassell

3.(b) Social Security Number: 214-12-9280

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Mary R. Cassell

6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): March 13, 1878

8. AGE: Years	Months	Days	If less than one day
62	9	4	....hrs. ....min.

9. Birthplace: Balto. City (Town, county, and state)

10. Usual occupation: Butler

11. Industry or business

FATHER

12. Name: Robert Cassell

13. Birthplace: Anne Arundel Co.

MOTHER

14. Maiden name: Annie Bailey

15. Birthplace: Conn.

16. Informant: Mary R. Cassell

Address: Reisterstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 20, 1940 (month) (day) (year)

Cemetery or crematory: St. Lukes Cemetery

Location: Balto. Co.

18. Funeral director: J. F. Eline & Sons

Address: Reisterstown, Md.

19. Dec. 19 1940 (Date rec'd by registrar) J. Frank Miller E.R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 17 1940, at 12:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-8 1940, to 12-17 1940.

and that I last saw him alive on 12-16 1940

Immediate cause of death	DURATION
Carcinoma of Prostate	10 mo.
Due to	
Due to	
Other conditions: Secondary Anemia	3 mo.

(Include pregnancy within 3 months of death)

Major findings of operations: Ca. of Prostate Date of op. 2-17-'40.

Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: D. D. Eagles, M. D. M. D. or other

Address: Reisterstown Date signed: 12-19-'40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-12)

12380

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County Baltimore

City or town Sundalk, md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Sundalk, md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1736 Leslie Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Albert G. Chronister.

3.(b) Social Security Number 717-07-7187

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Clara J. Chronister.

6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) June 1, 1877.

8. AGE: Years 63 | Months 6 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual occupation Foreman.

11. Industry or business Penna. R.R.

FATHER
12. Name Wm. Chronister.
13. Birthplace Pa

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown

16. Informant Clara J. Chronister
Address 1736 Leslie Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 19, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Parkwood

Location Taylor Ave.

18. Funeral director Chenowell & Donovan

Address 3615-17 Chestnut Ave.

19. 12/18 1940 (Date rec'd by registrar) Milton M. Munson Local Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16, 1940, at 10 50 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 16 1940, to Dec. 16 1940 and that I last saw him alive on Dec. 16 1940

Immediate cause of death	DURATION
cerebral hemorrhage	
left hemiplegia	1 day.
Due to arteriosclerosis	?
hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. C. Nobiliar M. D. or other

Address 447 N. Kenwood Ave. Date signed 12/18/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12381

68 (22-d)

1. PLACE OF DEATH

County Baltimore County Registration Dist. No. 44

Village or City Middleboro No. Oak Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH F. DALY

(a) Residence: No. Oak Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

DEC 11 1940

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene R. Daly

6. DATE OF BIRTH (month, day, and year) Aug. 27, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Fire Dept. Captain

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Joseph H. Daly

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Keenan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Irene R. Daly

(Address) Oak Road, Middleboro

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 12/10/40, 19

19. UNDERTAKER Chas. J. Evans Son

(Address) 118 N. Mt. Royal Ave

20. FILED Dec 8, 1940 John J. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept. 18, 1939, to Dec. 6, 1940

I last saw him alive on Dec. 6, 1940; death is said to have occurred on the date stated above, at 8 50 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	1939

Other Contributory Causes of importance:

Chronic Hypertension	1939

Name of operation — Date of —

What test confirmed diagnosis? P.S. & S. Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19 —

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) John J. Krager M. D.

(Address) 2627 Eastern Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JAN 6 1941
BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

12382

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 307 Lenox Av

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Balto.

City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 307 Lenox Av.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Martha C. Davage

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Westley Davage.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 21, 1883

8. AGE: Years: 57 Months: 8 Days: 13 If less than one day ____ hrs. ____ min.

9. Birthplace: Longreen Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Joshua Guynn
13. Birthplace: Md.

MOTHER
14. Maiden name: Margaret ?
15. Birthplace: Canada.

16. Informant: Westley Davage

Address: 307 Lenox Av.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 8 - 40 (month) (day) (year)

Cemetery or crematory: Mt Zion

Location: Longgreen Md

18. Funeral director: Mrs Frances A. Hemsley

Address: 578 W Biddle St

19. Dec 7 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 4 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 4 1940, to Dec 4 1940, and that I last saw her alive on Dec 4 1940.

Immediate cause of death: Apoplexy — DURATION: sudden

Due to: Arteries - Sclerosis & Hypertension — mts.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Towson - Md Date signed: 12/6/40

RECEIVED
DEC 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (41)

12383

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore Co
City or town: Woodlawn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1811 Gwynn Oak Avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 4 yr 6 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore Co
City or town: Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1811 Gwynn Oak Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Franklin Dill De Lashmutt
3. (b) Social Security Number

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lena De Lashmutt
6(c) If alive, give age: 43 years
7. Birth date of deceased (mo., day, yr.): Oct. 8, 1885
8. AGE: Years 55 Months 2 Days 11 If less than one day hrs. min.
9. Birthplace: Howard County Maryland
(Town, county, and state).
10. Usual occupation: Farmer
11. Industry or business: Farmer
FATHER
12. Name: Arthur Dill De Lashmutt
13. Birthplace: Frederick Co., Maryland
MOTHER
14. Maiden name: Sarah Davis
15. Birthplace: Frederick Co., Maryland
16. Informant: Mrs Lena De Lashmutt
Address: Woodlawn, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 22, 1940 (month) (day) (year)
Cemetery or crematory: Oak Grove
Location: Glenwood, Howard Co. Md.
18. Funeral director: C. M. Waltz
Address: Winfield Md
19. 12/21/1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 19 1940, at 7 10 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1940, to Dec 19 1940, and that I last saw him alive on Dec 19 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	7 hrs
Due to: Chronic Myocardial Degeneration	uncertain
Due to	
Other conditions: Diabetes Mellites	7 mo

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: not done

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Joshua H. Armacost M.D.
M. D. or other
Address: Woodlawn Md Date signed: Dec 19 1940

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

12384

1. PLACE OF DEATH (97)

County Baltimore Registration Dist. No. 41

Village or City Lodge Forest No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucia Demski

(a) Residence: No. 2013 Fleet St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Demski

6. DATE OF BIRTH (month, day, and year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Pietarski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Lewandowski Daughter (Address) Lodge Forest

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Dec. 11, 1940

19. UNDERTAKER Fred W. Ozarzewski (Address) 1930 Eastern Ave

20. FILED 12/9/40, 19 Walter M. Amalong Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1940, to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 9 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of oneet
Senility	
Arteriosclerosis —	20 yrs
Other **Contributory Causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis H. Tellin M. D.

(Address) Sparrows Point Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Form V. S. No. 1 Rev.

V. S. No. 1

MARGIN RESERVED FOR BINDING

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU V.S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12385

46-B

CERTIFICATE OF DEATH

Reg. Diat. No. 31

1. PLACE OF DEATH:
County: Baltimore
City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Johnnycake Rd., nr. Rolling Rd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Johnnycake Rd., nr. Rolling Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: ROBERT MASON DOWNES

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lorena Mason Downes
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): September 10, 1870

8. AGE: Years	Months	Days	If less than one day
70	2	25	..... hrs. ..... min.

9. Birthplace: Loudon County, Virginia
(Town, county, and state)
10. Usual occupation: Retired Contractor & Builder
11. Industry or business: Self

FATHER
12. Name: Cicero Downes
13. Birthplace: Virginia

MOTHER
14. Maiden name: Helen Bollinger
15. Birthplace: Virginia

16. Informant: Mrs. Lorena Downes
Address: Johnnycake Rd., nr. Rolling Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/7/40 (month) (day) (year)
Cemetery or crematory: Woodlawn
Location: Woodlawn, Maryland

18. Funeral director: Wm. J. Tickner & Sons,
Address: North & Pa. Avenues

19. Dec 6 1940 (Date rec'd by registrar) Harvey G. Owings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5, 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Dec 5 1940
and that I last saw him alive on Dec 4 1940

Immediate cause of death	DURATION
Carcinoma Stomach	5 Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Laparotomy - Union Memorial Hospital - Date of op. Oct. - 1940
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Howard H. Garner M. D. or other
Address: 204 Garrison Blvd Date signed: 12-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Howard Warner

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JAN 4 1941
BUREAU V. S.

12386

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (175-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: Balto

County Glyndon

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Weeks

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Balto.

City or town Near Glyndon (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Raymond C. Eavey

3.(b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Feb. I, 1918

8. AGE: Years 22 | Months 10 | Days 22 | If less than one day ... hrs. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name LeRoy Eavey
13. Birthplace Wash. Co. Md.

MOTHER
14. Maiden name Cora Creager
15. Birthplace Penna.

16. Informant Mrs. Cora Eavey

Address Glyndon, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 25, 1940 (month) (day) (year)

Cemetery or crematory Ringold River Brethern

Location Washington Co. Md.

18. Funeral director J. F. Eline & Sons

Address Reisterstown, Md.

19. Dec. 24 1940 (Date rec'd by registrar) J. Frank Miller M.D. E.R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23rd 1940, at 2 P. M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from ... 19 ... to ... 19~~

~~and that I last saw h... alive on ... 19~~

Immediate cause of death: Accident on farm fractured skull

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~ Accident Date of 12-23-40

Where did injury occur? Glyndon (City or town) Balto (County) Md (State)

Injured ~~at home~~, farm, ~~industry, public place (where?)~~ on farm

Means of injury no witness Injured at work? yes

23. SIGNATURE W. P. E. Myer Leroy M. E. M. D. or other

Address Pikesville Md Date signed 12-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 26 1940
BUREAU T. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12387

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Woodlawn — Registration Dist. No. 31

Village or City Baltimore — No. Holder Ave St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth B. Ebberts — If U. S. Veteran, specify WAR

(a) Residence: No. Holder Ave St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Ebberts

6. DATE OF BIRTH (month, day, and year) February 9 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lonaconing (State or country) Md

FATHER

13. NAME Andrew C. Dash

14. BIRTHPLACE (city or town) Lonaconing (State or country) Md

MOTHER

15. MAIDEN NAME Janet M. Monroe

16. BIRTHPLACE (city or town) Lonaconing (State or country) Md

17. INFORMANT Janet M. Jones (Address) Holder Ave

18. BURIAL, CREMATION, OR REMOVAL Place Wood Lawn Date Dec 5th 1940

19. UNDERTAKER Robt C. & B. M. Walters (Address) Pratt & Stricker Sts Baltimore Md

20. FILED Dec. 3, 1940 Wm. E. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 2 (Dey) 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from 7/12, 1940, to 12/2, 1940

I last saw her alive on 12/1/40, 1940; death is said to have occurred on the date stated above, at 12.40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	9 months
Contributory Myocarditis	9 months
Acute Dilatation of Heart	1 day

Other Contributory Causes of Importance: Cirrhosis of Liver

Name of operation — Date of

Whether confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. C. Peterson M. D.

(Address) 920 E. Lanvale St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
DEC 17 1940
BUREAU V. S.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12388

93-L

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Lansdowne No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Eckels If U. S. Veteran, specify WAR

(a) Residence: No. 224 - Hazel Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ ~~(or) WIFE of~~ Alfred ~~M~~ N. Eckels

6. DATE OF BIRTH (month, day, and year) March 26-1855

7. AGE: Years 85 | Months 8 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Dec 11-1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Gassaway

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louise Drake

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Lula Dehn 224 Hazel Ave Lansdowne

18. BURIAL, CREMATION, OR REMOVAL Place Burial - Lauda Date 12-14-40, 19

19. UNDERTAKER (Address) William J Tuckner + Sons Mich + Pennsylvania Ave

20. FILED Dec 13, 1940 G. Keeffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 12 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec 7, 1940, to Dec 12, 1940

I last saw her alive on Dec 11 4, 1940; death is said to have occurred on the date stated above, at 1:50 AM m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Asthma (Bronchial)	

Other Contributory Causes of importance:

Chronic Myocarditis

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Lansdowne Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
DEC 16 1940
BUREAU V. S.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

12389

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Villa Nova, Pikesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Katherine Robb Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 year
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Unknown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Bertha Elders (See over)

3. (b) Social Security Number
None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John R. Elders
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
80			hrs. min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Unknown
11. Industry or business

FATHER
12. Name Tarlow
13. Birthplace Unk.

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Mrs. Katherine Robb
Address Villa Nova, Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 18, 1940 (month) (day) (year)
Cemetery or crematory Loudon Park
Location Baltimore, Md.

18. Funeral director Frank H. Newell
Address Pikesville, Md.

19. 12/17/40 (Date rec'd by registrar) 19 E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1940, to to Dec 16 1940, and that I last saw h alive on Dec 15 1940.

Immediate cause of death	DURATION
Chronic myocarditis	?
Due to Arteriosclerosis	?
Due to	
Other conditions Diabetes	?
Obesity (300 lbs+)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E E Nichols MD
M. D. or other
Address Pikesville Md Date signed Dec 17 40

This was all the information we were able to obtain concerning Mrs. Elders.

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JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

12390

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Beyond Rd

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 7007 Bryant Ave. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Isaac Epstein

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 59 yrs | Months | Days | If less than one day: hrs. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business

FATHER 12. Name: Unknown

13. Birthplace

MOTHER 14. Maiden name: Unknown

15. Birthplace

16. Informant: Joseph Epstein

Address: 7007 Bryant Ave Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 31-1940 (month) (day) (year)

Cemetery or crematory: Hebrew Washington Blvd

Location: Landsdowne

18. Funeral director: Jack Lewis & Son

Address: 1431 E Baltimore St

19. Jan 31 1941 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 30 1940, at 1-15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary Occlusion	
Due to	
Due to	
Other conditions: sudden death, surgery (Include pregnancy within 3 months of death)	

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Geo M Kieffer Dep Med Exam M.D. or other

Address: 1010 Leadenhall Date signed 12-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AT5

JAN 4 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 43 12391

1. PLACE OF DEATH:
County Baltimore
City or town Raspeburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Raspeburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7405 Belair Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Henry P. Ermold

3.(b) Social Security Number --

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife --
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 9, 1861

8. AGE: Years	Months	Days	If less than one day
79	1	18	..... hrs. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual occupation Bookkeeper
11. Industry or business Retired
FATHER 12. Name John P. Ermold
13. Birthplace Germany
MOTHER 14. Maiden name Sophia Dietz
15. Birthplace Germany
16. Informant Mrs. F. J. Lassahn.
Address 7401 Belair Road
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30, 1940 (month) (day) (year)
Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.
18. Funeral director Lassahn Funeral Home
Address 7401 Belair Road
19. 12/28 1940 Mrs. G. A. Fiste
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27th 1940, at 11 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec - 25 - 1940, to Dec - 28 - 1940
and that I last saw h.im alive on Dec - 27 - 1940

Immediate cause of death	DURATION
Cerebral Thrombosis -	
Due to Arteriosclerosis (Senile)	
Due to	
Other conditions Chronic Nephritis - Prostatic Hypertrophy -	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. B. Boyle, M.D. M. D. or other
Address 5309 Harford Rd. Date signed 12-28-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d) Reg. Dist. No. 44

12392

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto.

(b) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Golden Ring Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)

(d) Street No. Golden Ring Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Margaret anna Evering

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or ~~wife~~ Christian Evering

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 16 - 1853

8. AGE: Years	Months	Days	If less than one day
87	8	2	____ hr. ____ min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER	12. Name Adam Schuler
	13. Birthplace Germany
MOTHER	14. Maiden Name Unknown
	15. Birthplace Germany

16 (a) Informant Margaret A. Evering

(b) Address Golden Ring Rd. Stemmers Run

17 (a) Parkwood (Burial, cremation, or removal) (b) Date thereof Dec. 21 - 1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Parkville, Md.

18 (a) Funeral director John G. Connelly

(b) Address Essex, Md.

19 (a) 12-21-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 18 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1940, to Dec 18 1940, and that I last saw ~~him~~ alive on Dec 18 1940.

Immediate cause of death	Duration
Cerebral apoplexy	
Due to Arterio sclerotic Cardio vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. M. Baumgardner M.D. (M. D. or other)

Address Rosedale Md Date signed 12/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 6 1941
BUREAU V. S.

Jan Dr.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

12393

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto.
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Miles Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Middlebrough Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Miles Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Patricia Ann Felty

3. (b) Social Security Number none

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife —
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Sept. 4th - 1940
8. AGE: Years — Months 3 Days — If less than one day ____ hrs. ____ min.
9. Birthplace Lebanon Pa. (Town, county, and state)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Eugene Felty
13. Birthplace Penna.
MOTHER 14. Maiden name Joyce Wolf
15. Birthplace Penna.
16. Informant Mr. Eugene Felty
Address Middlebrough, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-6-40 (month) (day) (year)
Cemetery or crematory Lebanon, Penna
Location
18. Funeral director John G. Connelly
Address Essex, Md.
19. 12-5- 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4th 1940 9-30 am.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__~~
Immediate cause of death Accidently burn
Due to Med to death in home
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Accident Date of 12-4-40
Where did injury occur? Essex (City or town) Balto (County) Md (State)
Injured at home, ~~farm, industry, public place (where?)~~ home
Means of injury Fire Injured at work? no

23. SIGNATURE W. P. E. Wise Leroy M Cox M. D. or other
Address Pikesville Md Date signed 12-4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU W. S.

12394

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0 yrs., 3 mos., 18 days
Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
How long in hospital or institution? 0 yrs., 3 mos., 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3628 Hickory Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: William D. Fitez

3.(b) Social Security Number: 212-10-3140

4. Sex	5. Color or race	b.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 8, 1906

8. AGE: Years	Months	Days	If less than one day
34	3	13	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Insurance Clerk
11. Industry or business: Unknown

FATHER
12. Name: William H. Fitez
13. Birthplace: Carroll County, Maryland

MOTHER
14. Maiden name: Minnie B. Rouston
15. Birthplace: Carroll County, Maryland

16. Informant: William D. Fitez
Address: 3628 Hickory Ave., Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 24, 1940 (month) (day) (year)
Cemetery or crematory: Pipe Creek Cemetery
Location: Carroll County, Maryland

18. Funeral director: Horace F. Burgee
Address: 3631 Falls Road, Baltimore, Md.

19. Dec. 21, 1940 (Date rec'd by registrar) J. Paula Goldring Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 21, 1940, at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 3, 1940, to Dec. 21, 1940 and that I last saw him alive on December 21, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr., 1 mo.
Due to: Tubercle Bacilli	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: No operations
Date of op.:
Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

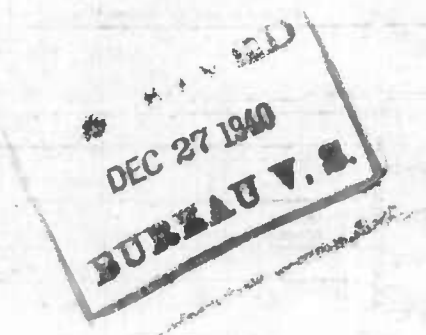
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart A. Shaffer M.D. (M. D. or other)
Address: Mount Wilson, Md. Date signed: 12/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


DEC 27 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12395

131-a

1. PLACE OF DEATH

County BALTIMORE Registration Dist. No. 42

Village or City LANSDOWNE No. 19- 5th. Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin P. Franklin If U. S. Veteran, specify WAR no

(a) Residence: No. 19 Fifth Ave. St., Ward SC # 215-07.6837
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Gunther

6. DATE OF BIRTH (month, day, and year) Dec 5.1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Butler Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Benj. P. Franklin

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME IDA GRAY

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mary M. Franklin
(Address) 19-Fifth Ave, Lansdowne

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 30.1940, 19

19. UNDERTAKER John Outerbridge Sons
(Address) 1900 Eutaw Place, Balto. Md.

20. FILED Dec 27, 1940 Geo Kieffer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 27.1940 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1939, to Dec 27, 1940

I last saw him alive on Dec 26 1940; death is said to have occurred on the date stated above, at 12-30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	1 yr

Other Contributory Causes of importance:

Uremia	2 days

Name of operation no Date of

What test confirmed diagnosis? exam Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. M. Kieffer M. D.

(Address) 2470 Wash. Blvd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

12396

CERTIFICATE OF DEATH

Reg. Diat. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0 yrs., 8 mos., 16 days
Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
How long in hospital or institution? 0 yrs., 8 mos., 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 215 Clarendon Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Leslie L. Freeman, Jr.

3.(b) Social Security Number: 216-14-3413

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 9, 1922

8. AGE: Years	Months	Days	If less than one day
18	5	7	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Student
11. Industry or business: At School

FATHER
12. Name: Leslie L. Freeman
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Emma M. Wilt
15. Birthplace: Alberton, Maryland

16. Informant: Leslie L. Freeman, Jr.
Address: 215 Clarendon Ave., Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 19, 1940 (month) (day) (year)
Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn, Maryland

18. Funeral director: Chenoweth & Donovan
Address: 3617 Chestnut Ave., Baltimore, Md.

19. Dec. 16, 1940 (Date rec'd by registrar) J. Frank Spilling Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16, 1940 at 10:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31, 1940 to Dec. 16, 1940 and that I last saw him alive on December 16, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 year
Due to: Tubercle Bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations: No operations Date of op.:
Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D. (M. D. or other)
Address: Mount Wilson, Md. Date signed: 12/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and forcibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12397

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Balto.

City or town: Parkville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: 3022 Woodside Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto.

City or town: Balto. Parkville

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 3022 Woodside Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Margaret Frisby

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife: John L. Frisby

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 20 - 1893

8. AGE: Years	Months	Days	If less than one day
47	6	13	..... hrs. ..... min.

9. Birthplace: Balto Md

(Town, county, and state)

10. Usual occupation

11. Industry or business: at Home

FATHER — 12. Name: William Hoover

FATHER — 13. Birthplace: Balto.

MOTHER — 14. Maiden name: Margaret Smith

MOTHER — 15. Birthplace: Balto Md

16. Informant: William Frisby

Address: 3022 Woodside Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-6-40 (month) (day) (year)

Cemetery or crematory: Asplawn

Location: Baltimore

18. Funeral director: Edmund Luck

Address: 5305 Harford Rd.

19. 12/5 1940 (Date rec'd by registrar) A. W. Bucove Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 - 1940 at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1940 to Dec 3 1940

and that I last saw her alive on Dec 2 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	(Duration)
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. L. Long M.D. or other

Address: 418 Southway Balto Md Date signed 12-5-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU F. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

12398

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County Balto

City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 269 Colegate Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto

City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 269 Colegate
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James E Glenn

3. (b) Social Security Number 212-16-0611

4. Sex White

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ruby N

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 1867

8. AGE: Years 73 | Months 5 | Days 21 | If less than one day hrs. min.

9. Birthplace Wilmington Del
(Town, county, and state)

10. Usual occupation Butcher

11. Industry or business

FATHER
12. Name James Glenn
13. Birthplace Dont Know

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know

16. Informant Mrs Ruth N Glenn

Address 269 Colegate Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 17-40 (month) (day) (year)

Cemetery or crematory Oak Lawn

Location Eastern Ave

18. Funeral director William M Mareck

Address 715 Light St

19. 12/15 1940 (Date rec'd by registrar) Milton M Mulson Local Registrar Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1940, at 9 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1940, to Dec 14 1940, and that I last saw him alive on Dec 14 1940.

Immediate cause of death	DURATION
Cerebral arteriosclerosis	3 yrs.
Due to	
Due to	
Other conditions hypostatic pneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Windsor M. D. or other

Address 508 F St., Sp. Pt, Md. Date signed 12.14.40.

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DEC 23 1940
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(93-d)

12399

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: BALTIMORE.
City or town: TOWSON.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 12 W. Burke Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 76 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Baltimore
City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 12 W. Burke Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: ANNA PAULINE GRAU

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: O. P. Grau
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept 22 - 1864

8. AGE: Years: 76 Months: 3 Days: 7 If less than one day ____ hrs. ____ min.

9. Birthplace: Balto Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Geo. Mombergier
13. Birthplace: Germany.
MOTHER
14. Maiden name: Rachel Harf
15. Birthplace: Germany
16. Informant: P. E. Grau
Address: 12 W Burke Ave Towson
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 31 Md (month) (day) (year)
Cemetery or crematory: Bruchheim - Md
Location: Maryland
18. Funeral director: A. Ruley Shadle
Address: 4907 York Road Balto Md
19. Dec 30 1940 W. Carroll Van Horn Deputy Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/29 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1938, to Dec 29 1940, and that I last saw her alive on Dec 28 1940.

Immediate cause of death: Arterio-sclerotic Cardio vascular disease — DURATION: 4 yrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: C. H. Rees M.D. (M. D. or other)
Address: 6701 York Rd Date signed: 12/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-e)

12400

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wilkins & Walker Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: 3128 Wilkins Ave Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Baltimore Maryland
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Marie A. Haffer

3. (b) Social Security Number: ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles S. Haffer
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): July 29. 1897
8. AGE: Years 43 Months 5 Days 6 If less than one day ____ hrs. ____ min.
9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: @ Home
FATHER
12. Name: August Hauck
13. Birthplace: Germany
MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany
16. Informant: Mrs Charles S. Haffer
Address: 3128 Wilkins Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/3/41 (month) (day) (year)
Cemetery or cremetory: London Park Cem
Location: Baltimore City
18. Funeral director: F. B. Wippert & Son
Address: 1300 Eutaw Pl.
19. 1/3 (Date rec'd by registrar) 1941 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 31 1940, at 9:30 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 31 1940 and that I last saw her alive on Dec 29 1940.
Immediate cause of death: Hypertension Endocrinitis Arterio-Sclerosis
Due to
Due to
Other conditions: Coronary Thrombosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury ____ Injured at work?

23. SIGNATURE: Norbert C. Nitsch M. D. or other
Address: 2151 Wilkins Ave Date signed 1/2/41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

June 1934

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134)

12401

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
County Baltimore
City or town Cockeysville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 48 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Cockeysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sophie H. Hall

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Howard Hall
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1857

8. AGE: Years	Months	Days	If less than one day
83	3	16	hrs. min.

9. Birthplace Brooklyn, N. Y. (Town, county, and state)
10. Usual occupation Homemaker
11. Industry or business

FATHER
12. Name Wm. S. Mabbett
13. Birthplace N. Y. (Utica)

MOTHER
14. Maiden name Margaret MacLellan
15. Birthplace ~~N. Y.~~ Maryland

16. Informant Mrs. Wm. Lee
Address Cockeysville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 1 1941 (month) (day) (year)
Cemetery or crematory Prospect Hill
Location Towson

18. Funeral director Landon M. Burkes
Address Sparks, Md.

19. Dec. 30 1940 (Date rec'd by registrar) Vilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1940, at 11:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to Dec 29 1940, and that I last saw h[er] alive on Dec 29 1940.

	DURATION
Immediate cause of death: Chronic Nephritis — (Died in uremic coma)	2 yrs.
Due to: Senility	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Vilmer C. Ensor M. D.
M. D. or other
Address Cockeysville Md. Date signed Dec 29 '40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

12402

Reg. Dist. No. 4-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Relay
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Relay
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Arlington Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: EDITH HAYDEN

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: ----------

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 21, 1867

8. AGE: Years	Months	Days	If less than one day
73	3	9	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER 12. Name: John F. Hayden
13. Birthplace: Pennsylvania

MOTHER 14. Maiden name: Victoria Ogle
15. Birthplace: Baltimore, Maryland

16. Informant: Mr. J. A. Sheridan
Address: Relay, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/2/41 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18. Funeral director: Wm. J. Tickner & Sons, Inc.,
Address: North & Pa. Avenues

19. Jany 2 1941 (Date rec'd by registrar) Garfield Hess Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 30, 1940, at 4:50P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 to Dec 30 1940 and that I last saw h[illegible] alive on Dec 30 1940

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to: Cerebral Hem	5 days
Due to:	
Other conditions: Chronic nephritis & Hypertension	4 years

(Include pregnancy within 3 months of death)

Major findings of operations: ✓
Date of op.: ✓
Autopsy results: ✓
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of: ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frederick U. Bartlett M. D. or other
Address: Relay, Md. Date signed: Dec 31-40

Dr. Frederick Beitler

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BUREAU V.S.

12403

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Heckman If U. S. Veteran, specify WAR

(a) Residence: No. 82 Admiral Blvd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Heckman

6. DATE OF BIRTH (month, day, and year) Sept 5,

7. AGE Years 81 Months 3 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Jacob Stien

14. BIRTHPLACE (city or town) (State or country) Alsace Lorraine Germany

MOTHER

15. MAIDEN NAME Elizabeth Haben

16. BIRTHPLACE (city or town) (State or country) Alsace Lorraine Germany

17. INFORMANT Margaret Bands (Address) 82 Admiral Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Cem Date 12-10, 1940

19. UNDERTAKER Durward R. Covington (Address) 21 W. 25th St

20. FILED 12/8, 1940 Milton M. Munson Local Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 7 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1940, to Dec. 7, 1940

I last saw her alive on Dec. 6, 1940; death is said to have occurred on the date stated above, at 11:30 Am.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	1920
Chronic Myocarditis	1930
Chronic diffuse nephritis	1930

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Mark Hollander M. D.

(Address) 9 Dundalk Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

W. M. Carmine Reg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12404

(153)

1. PLACE OF DEATH

County Balto. Registration Dist. No. 44

Village or City Sparrows Point. No. 3103 white way Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Elizabeth Hinton If U. S. Veteran, specify WAR

(a) Residence: No. 7th Street St., Ward. Shenandoah, Va.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mose Hinton

6. DATE OF BIRTH (month, day, and year): Sept 11, 1866

7. AGE: Years 74 | Months 3 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: own house

10. Date deceased last worked at this occupation (month and year): Dec. 1938

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Comertown, Va.

FATHER

13. NAME: John Comer

14. BIRTHPLACE (city or town) (State or country): Comertown Va.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. Mamie Higgs Sparrows Point. Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Comertown Cemetery Va. Date: Dec 17, 1940

19. UNDERTAKER (Address): Ambrose, Inc. 414 N. Frankfurtown Rd.

20. FILED: Dec 16, 1940 Dawson L. Harber Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1940, to Dec. 15, 1940. I last saw her alive on Dec. 13, 1940; death is said to have occurred on the date stated above, at 5 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Senility	5 yrs.
chronic leg ulcer	40 yrs.

Other Contributory Causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Examin Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis M. Pollin M. D.

(Address) Sparrows Point. Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 6 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12405

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County Baltimore

City or town Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 0 yrs., 7 mos., 27 days

Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

How long in hospital or institution? 0 yrs., 2 mos., 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war World War

3. (a) FULL NAME Walter K. Horstick

3. (b) Social Security Number 216-12-8267

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 10, 1884

8. AGE:

Years	Months	Days	If less than one day
56	1	27	hrs. min.

9. Birthplace York, Pennsylvania
(Town, county, and state)

10. Usual occupation Hospital Attendant

11. Industry or business Mt. Wilson Branch, Md. Tuberculosis Sanatorium

FATHER
12. Name Edward B. Horstick
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Amelia F. Lanius
15. Birthplace Pennsylvania

16. Informant Frank H. Newell
Address Pikesville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 11, 1940 (month) (day) (year)

Cemetery or crematory Prospect Hill Cemetery

Location York, Pennsylvania

18. Funeral director Frank H. Newell
Address Pikesville, Maryland

19. Dec. 7, 1940 (Date rec'd by registrar) J. Frank Spreding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7, 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 5, 1940, to Dec. 7, 1940 and that I last saw him alive on December 7, 1940

Immediate cause of death	DURATION
Cerebral Embolus	2 mos.
Due to	
Due to	
Other conditions Myocarditis	Unknown

(Include pregnancy within 3 months of death)

Major findings of operations No operations

Date of op.

Autopsy results No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stewart S. Shaffer M.D. M. D. or other

Address Mt. Wilson, Md. Date signed 12/7/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 26 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12406

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town Harrows Point Steel Works

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 703 N. Patterson Park Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Felix Janowski

3. (b) Social Security Number 090 07 0443

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Helen

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1895

8. AGE: Years 46 45 | Months 7 | Days 29 | If less than one day hrs. min.

9. Birthplace Poland (Town, county, and state)

10. Usual occupation Machinist

11. Industry or business Bethlehem Steel Co.

FATHER 12. Name Joseph Janowski

13. Birthplace Poland

MOTHER 14. Maiden name Anna Delegiewicz

15. Birthplace Poland

16. Informant Helen Janowski

Address 703 N. Patterson Park Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 3-41 (month) (day) (year)

Cemetery or crematory Holy Cross. A.A. Co

Location Baltimore

18. Funeral director Fred W Ozagowski

Address 1930 Eastern Ave

19. Jan 1 1941 (Date rec'd by registrar) Dawson L. Harber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31st 1940 6A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ~~19 to 19~~, ~~and that I last saw h alive on 19~~

Immediate cause of death Pulmonary hemorrhage

Due to Tuberculosis of lungs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. E. Mse Lupy M Ex M. D. or other

Address Pikesville Md Date signed 12-31-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d)

Reg. Dist. No. 44

12407

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Chesaco Pk.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Chesaco Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 3 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Chesaco Pk.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Chesaco Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Frank J. Jarusek.

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Jarusek

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov 6, 1856

8. AGE: Years 84 | Months 1 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Austria
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business Retired

FATHER
12. Name Francis J. Jarusek.
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Austria

16 (a) Informant Mrs Mary Jarusek
(b) Address Chesaco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Rd

18 (a) Funeral director J. Heemann & Son
(b) Address 32 S. Broadway

19 (a) Dec. 25. 40 (Date rec'd by registrar) (b) J. G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 23 1940, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940, to Dec 23 1940, and that I last saw him alive on Dec. 23 1940.

Immediate cause of death: Arterio Sclerotic Cardiovascular disease. Hypotension. ~~Due to~~ Peripheral Vascular collapse.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard S. Owens M.D.
M. D. or other

Address Raspeburg. Md. Date signed Dec 24, 1940

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 44 12408

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Stemmers Run
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: ----
How long in hospital or institution? ----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Baltimore
City or town: Stemmers Run
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Essex Ave
(If rural, give LOCATION)
2.(a) If veteran, name war: ----

3. (a) FULL NAME: John Thomas Jones

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Anna Marie (Sigrist)
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): June 27th, 1873

8. AGE: Years	Months	Days	If less than one day
67	5	24	---hrs. ---Min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: Retired, City Employee
11. Industry or business: Balto. City Sewerage Dept.

FATHER
12. Name: John Jones
13. Birthplace: Ireland

MOTHER
14. Maiden name: Margaret O'Neill
15. Birthplace: Ireland

16. Informant: Mrs. Anna M. Jones
Address: Essex Ave. Stemmers Run, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 24th, 1940 (month) (day) (year)
Cemetery or crematory: Holy Redeemer Cem.
Location: Baltimore, Md.

18. Funeral director: George J. Ruth, Inc.
Address: 1735-Harford Ave.

19. Dec 23 1940 (Date rec'd by registrar) John G Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 21 1940, at 4:40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 16 1940, to Dec. 21 1940
and that I last saw him alive on Dec. 21 1940

Immediate cause of death	DURATION
Acute Cholecystitis	1 wk.
Due to	
Due to	
Other conditions Broncho-pneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.:
Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. White, M.D. M. D. or other
Address: 7610 Eastern Ave, Balto. Md. Date signed: Dec 22, 1940

RECEIVED
DEC 31 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12409

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 mo. 24 da.
Hospital, Institution, or street address where death occurred: Spring Grove State Hosp.
How long in hospital or institution? 3 mo. 24 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Balto City
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Maryland Ave & 23rd St.
(If rural, give LOCATION)
2.(a) If veteran, name war: No.

3.(a) FULL NAME: William Kalbert

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 27, 1888.

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
52	3	12		

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Stenographer

11. Industry or business: Govt. Employee

FATHER
12. Name: William Kalbert
13. Birthplace: Germany

MOTHER
14. Maiden name: Caroline Augusta Yoe
15. Birthplace: Maryland

16. Informant: Hosp. records
Address:

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 12-13-40 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18. Funeral director: Stewart & Marucco
Address: 108 W. Northern

19. 12/10 1940 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 9 1940, at 9:01 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 16 1940 to Dec. 9 1940 and that I last saw him alive on Dec. 9 1940

Immediate cause of death	DURATION
Lobar Pneumonia	2 da.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: None
Date of op.:
Autopsy results: Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No. Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Robert E. Farquer M.D.
M.D. or other
Address: Spring Grove State Hosp. Date signed: 12/10/40

RECEIVED
DEC 17 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12410

13-B

1. PLACE OF DEATH

County Balto Registration Dist. No. 44

Village or City Chase No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Christina S. Kamsch If U.S. Veteran specify WAR

(a) Residence: No. Chase, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Kamsch

6. DATE OF BIRTH (month, day, and year): Jan. 20th - 1878

7. AGE: Years 61 | Months 10 | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Riga Latvia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Henry Julius Kamsch Chase, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Moreland Park Date: 12-14-, 1940

19. UNDERTAKER (Address): John G. Connelly Essex, Md.

20. FILED: Dec. 12, 1940 John Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 11th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1937, to Dec. 10, 1940

I last saw her alive on Dec. 10, 1940; death is said to have occurred on the date stated above, at 3 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other Contributory Causes of Importance:

Arteriosclerosis

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) DC Mac Laughlin M. D.

(Address) 400 N. Payson St. Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

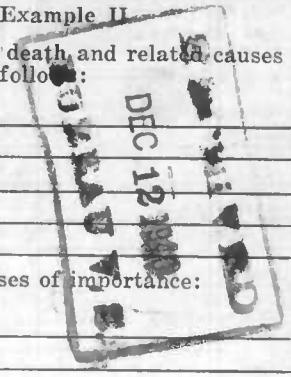
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4-C)

12411

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Balto
County
City or town Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Owings Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME John Edw Todd Keller

3. (b) Social Security Number 213-01-5070

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Thelma E. Kellar
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 44 | Months 9 | Days 22 | If less than one day ____ hrs. ____ min.
9. Birthplace Balto. Co. (Town, county, and state)
10. Usual occupation Magistrate
11. Industry or business
FATHER 12. Name Emory H. Kellar
13. Birthplace Balto. Co.
MOTHER 14. Maiden name Daisey E. Carey
15. Birthplace Frederick Md.
16. Informant Mrs. Thelma E. Kellar
Address Owings Mills, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 27, 1940 (month) (day) (year)
Cemetery or crematory St. Thomas Cemetery
Location Balto. Co.
18. Funeral director J. F. Eline & Sons
Address Reisterstown, Md.
19. Dec. 25 1940 (Date rec'd by registrar) J. Frank Miller M.D. Registrar E.R.W.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25th 1940, at 2 M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, and ~~that I last saw h~~ alive on ____ 19__.

DURATION

Immediate cause of death Suicide by Revolver
Due to Shot, 38 caliber
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, or ~~homicide~~ Suicide Date of 12-24-40
Where did injury occur? Owings Mills (City or town) Balto (County) Md (State)
Injured at home, ~~farm, industry, public place (where?)~~ Room
Means of injury Revolver Shot Injured at work? No

23. SIGNATURE Wm P. Mac Leffy M Dr M. D. or other
Address Pikesville Md Date signed 12-25-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-a)

12412

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Parkville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
3003 Putty Hill Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Parkville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3003 Putty Hill Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
GEORGE KEMMET

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hattie H. Kemmet
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22nd, 1854

8. AGE: Years	Months	Days	If less than one day
86	6	22	hrs. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual occupation Tailor
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Germany
MOTHER 14. Maiden name Behringer
15. Birthplace Germany
16. Informant Mrs. George Kemmet,
Address 3003 Putty Hill Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 17, 1940 (month) (day) (year)
Cemetery or crematory Loudon Park
Location Balto., Md.
18. Funeral director Lassahn Funeral Home
Address 7401 Belair Road
19. 12/14/40 A. M. Bacon
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14th, 1940 at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 2 1939, to Dec. 14 1940, and that I last saw him alive on Dec. 13 1940.

Immediate cause of death	DURATION
Chronic myocarditis	8 mos to 1939
Due to Chronic interst. nephr.	1939
Due to Chronic cystitis	
Due to Enlarged prostate (benign)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. M. Bacon M. D. or other
Address Parkville, Md. Date signed 12/14/40

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DEC 19 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

pc 12413

83-a

1. PLACE OF DEATH

County _____ Registration Dist. No. 30

Village or City Catonsville Md No. Rec. Optty Home St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Annie Myrtah King

(a) Residence: No. 1127 N. Milton ave St., _____ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank F. King

6. DATE OF BIRTH (month, day, and year) May 13, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	67	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) St. Mary's Co. (State or country) Md.

FATHER

13. NAME Joseph Dean

14. BIRTHPLACE (city or town) St. Mary's Co (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Brooks

16. BIRTHPLACE (city or town) St. Marys Co. (State or country) Md.

17. INFORMANT Mrs. Johnson (Address) 1127 N. Milton ave

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Hollywood Md Date 12-21, 1940

19. UNDERTAKER Roland L. Fenkler (Address) 612 N. Monroe St.

20. FILED 12/21, 1940 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939, to Dec 18, 1940

that I last saw h-r alive on Dec 18, 1940; death is said to have occurred on the date stated above, at 4 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

	Date of onset
Cerebral Hemorrhage	2 Days
Arteriosclerosis	10 yrs

Other **Contributory Causes** of Importance:

Neme of operation None Date of _____

What test confirmed diegnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was diseese or injury in eny way related to occupation of deceased? No

If so, specify _____

(Signed) James Howell M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
DEC 27 1940
BUREAU OF

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170

Registered No. Dist 38

12414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2702 Taylor Ave
(c) Hospital or institution: Baltimore County
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Taylor Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Klitz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Frederick E Klitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-22-1890

8. AGE: Years 50 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Martin Miller
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Frederick E Klitz
(b) Address 2702 Taylor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-40 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

19 (a) 12/16/40 (Date rec'd by registrar) (b) A. M. Boem Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture, left fibula
Thrombosis / left
Due to femoral and iliac veins
Due to Pulmonary Embolus
Diabetes Mellitus
Other Conditions Defective vision
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/24/40
(c) Where did injury occur? Harford Rd near Montebello Ter. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - struck by autocar

23. Signature W M B Van de Grift M.D.
Medical Examiner.
Date signed 12/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

RECEIVED
DEC 27 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12415

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 41

Village or City Dundalk — No. 204 Colgate Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foraign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie Bertha Koch

(a) Residence: No. 204 Colgate Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Koch

6. DATE OF BIRTH (month, day, and year): May 19, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	7	4	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.: At Home

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceasad last worked at this occupetion (month and year):

11. Total tima (yeers) spent in this occupetion:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Christian Buscher

14. BIRTHPLACE (city or town) (Stata or country): Germany

MOTHER

15. MAIDEN NAME: Ernestine Siebert

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Eugene Dyer, 204 Colgate Ave., Dun.

18. BURIAL, CREMATIDN, OR REMOVAL

Place St. Paul's Data Dec. 26, 1940

19. UNDERTAKER (Addrass): Henry Sander & Son Inc. North Ave. & Broadway

20. FILED 12/26, 1940 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December (Month) 23 (Dey) 1940 (Year)

22. I HEREBY CERTIFY, That I attendad deceased from Dec. 21, 1940, to Dec 21, 1940

I last saw h[illegible] aliva on Dec. 21, 1940; daath is said to have occurred on the date stated above, at 5:15 P m.

The **PRINCIPAL CAUSE OF DEATH** and ralated causes of Importenca were as follows:

	Date of onset
Arteriosclerosis	
Chron Myocarditis	3
Acute Cardiac Asthma	3 da.

Dthar **Contributory Causes** of Importance:

Neme of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Whera did injury occur? ... (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mennar of Injury

Nature of injury

24. Was disease or injury in any wey relatad to occupetion of deceased?

If so, spacify

(Signed) Frank Virgilio M. D.

(Address) 7001 Wornington Rd Dundalk

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Virgilio 7001 Mornington Rd - Dundalk, 444

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

12416

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Windsor Mill Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: (If outside city or town limits, write RURAL and give nearest town)

Street No.: Windsor Mill Road (If rural, give LOCATION)

2.(a) If veteran, name war: Near Hebbville Md

3. (a) FULL NAME Margaret Elizabeth Lages

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 19 1915

8. AGE: Years 25 | Months 0 | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace: Emmitsburg Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Robert C Lages
13. Birthplace: Baltimore Co. Md.

MOTHER
14. Maiden name: Mabel E. Whitmore
15. Birthplace: Thurmont Md.

16. Informant: Mrs. Robert C. Lages.
Address: Windsor Mill Road.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-13-40 (month) (day) (year)

Cemetery or crematory: Mt. Olive

Location: Randallstown Md

18. Funeral director: M. L. Creager & Son
Address: Thurmont, Md.

19. Dec 12 1940 (Date rec'd by registrar) Henry G Owings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 11 1940 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 1930, to DEC. 11 1940 and that I last saw her alive on DEC. 9 1940

Immediate cause of death	DURATION
NEPHRITIS, CHRONIC INTERSTITIAL	3 YRS
Due to	
Due to	
Other conditions: HOOK WORM	15 YRS

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C W Hoffman M.D. M. D. or other

Address: 8 East Read St. Date signed 12/12/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. C. W. Hoffman
8 E. Read St.

Un 3631
Pl 3340

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (932)

12417

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
County 1811 Snyder Ave
City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1811 Snyder Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1811 Snyder Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None.

3. (a) FULL NAME Eva Barbara Lang

3. (b) Social Security Number

4. Sex F. | 5. Color or race W. | 6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John R. Lang.
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1861

8. AGE: Years 79. Months 2 Days 21 If less than one day ____ hrs. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business ?
FATHER 12. Name Scheuring
13. Birthplace Germany
MOTHER 14. Maiden name Unknown
15. Birthplace Germany
16. Informant Mrs Louisa Mueller
Address 6703 Holabird Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 22, 1940 (month) (day) (year)
Cemetery or crematory Oak Lawn
Location Eastern Ave
16. Funeral director L Heemann & Son
Address 32 S. Broadway
19. 12/21/40 (Date rec'd by registrar) 19 W McCormick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20, 1940, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 1937, to Dec. 20 1940, and that I last saw her alive on Dec. 18 1940.

Immediate cause of death Arteriosclerotic Heart disease with heart-block — DURATION 15 years
Due to Arteriosclerosis — 30 years
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Mark Stallmann M.D. (M. D. or other)
Address 9 Dundalk Ave. Date signed 12-21-40
W. McCormick, Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JAN 3 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-L)

CERTIFICATE OF DEATH

12418

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto.

City or town Garrison, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Garrison
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Saranda Martha Lawson

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife David H. Lawson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1859

8. AGE: Years	Months	Days	If less than one day
81	4	17	..... hrs. ..... min.

9. Birthplace Penna
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Frederick Redding

13. Birthplace Germany

MOTHER 14. Maiden name Ann E. J. Weaver

15. Birthplace Penna

16. Informant Mrs. Garber

Address Garrison, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 1, 1941 (month) (day) (year)

Cemetery or crematory Stone Chapel

Location Balto. Co.

18. Funeral director J. F. Eline & Sons

Address Reisterstown, Md.

19. 12/30/40 (Date rec'd by registrar) 19 E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29th 19 40 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from for many years 19 ..... to Dec. 29th 19 40 and that I last saw her alive on Dec. 28th 19 40

Immediate cause of death	DURATION
Coronary thrombosis	24 hrs.
Due to Myocarditis	?
Due to Arterio-Sclerosis	?
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. E. Nichols M.D.
M. D. or other

Address Pikesville Md. Date signed 12/30/40

RECEIVED
JAN 4 1941
BUREAU V. S.

12419

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Balto

City or town Raspeburg P.O.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 years

Hospital, Institution, or street address where death occurred:
115 Belmar Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto

City or town Raspeburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. 115 Belmar Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Leonard L. Leifert

3. (b) Social Security Number 705-09-8020

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife Marie A. McDonald
6.(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov. 6th 1891

8. AGE: Years 49 | Months 1 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace Balto City Md.
(Town, county, and state)

10. Usual occupation Machinist

11. Industry or business B. & O. R.R.

FATHER
12. Name Julius Leifert
13. Birthplace Germany

MOTHER
14. Maiden name Lena Rohde
15. Birthplace Germany

16. Informant Mrs. L. L. Leifert
Address 115 Belmar Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 30 40 (month) (day) (year)

Cemetery or crematory Parkwood

Location Balto City Md.

18. Funeral director Lassahn Funeral Home
Address 7401 Belair Rd.

19. Dec. 27 1940 (Date rec'd by registrar) Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27th 1940 at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 5 1940 to Dec 27 1940 and that I last saw him alive on Dec 27 1940

Immediate cause of death Myocarditis arteriosclerotic with myocardial failure

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Battaglia M.D.
M. D. or other

Address 5829 Belair Rd. Date signed 12/27/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12420

1. PLACE OF DEATH (97)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 201 N. Rolling Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Lenhard If U. S. Veteran, specify WAR

(a) Residence: No. 201 N. Rolling Road St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick William Lenhard

6. DATE OF BIRTH (month, day, and year) July 1, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME James Pruitt

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Louisa Altier

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Dr. Raymond Lenhard
(Address) 217 St. Dunstan's Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Baltimore Cem'ty Date 12/30/40, 19

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place, Balto., Md.

20. FILED 12/29/40, 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 28, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug, 1935, to Dec 28, 1940

I last saw her alive on Dec 28, 1940; death is said to have occurred on the date stated above, at 3:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Dec 28.

Other Contributory Causes of Importance:

arteriosclerosis	?
Hypertension	?

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

—

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wetmore Fort M. D.

(Address) 20 E. Preston St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 2 1941 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-d)

12421

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
County Balto
City or town Cockeysville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 11 Months 4 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto
City or town Cockeysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Marlene Long

3. (b) Social Security Number —

4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 12, 1940

8. AGE: Years — Months 11 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Cockeysville, Maryland
(Town, county, and state)
10. Usual occupation Infant
11. Industry or business

FATHER
12. Name Thos. Leonard Long P.O.
13. Birthplace Oregon (Cockeysville, Md)

MOTHER
14. Maiden name Virginia Ford
15. Birthplace Warren (Cockeysville, P.O.)

18. Informant Thos. Leonard Long
Address Cockeysville

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 18, 1940 (month) (day) (year)
Cemetery or crematory Grace Methodist
Location Chestnut Ridge
18. Funeral director Landon M. Brooks
Address Sparks, Md.

19. Dec. 17-40 (Date rec'd by registrar) 19 Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16th 1940, 4 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Valvular heart
Due to disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE W. P. O. Nyse Leroy M Ex. M. D. or other
Address Pikesville Md Date signed 12-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 24 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

12422

Reg. Dist. No. 35

1. PLACE OF DEATH:

County Baltimore

City or town Parkton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto.

City or town Parkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish - American

3. (a) FULL NAME William H. Lytle

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April - 1859

8. AGE: Years 81 | Months 8 | Days | If less than one day hrs. min.

9. Birthplace Parkton, Md (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name James D. Lytle

13. Birthplace unknown

MOTHER 14. Maiden name Mary Keith

15. Birthplace unknown

16. Informant Mrs. Mabel Snyder

Address Parkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 10-40 (month) (day) (year)

Cemetery or crematory U.S. National

Location Baltimore Md

18. Funeral director P. Mackleer Son

Address White Hall Md

19. Dec 9 1940 (Date rec'd by registrar) M. Bortner M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1939, to Dec 7 1940 and that I last saw him alive on Dec 7 1940.

Immediate cause of death: Chronic myocarditis — DURATION: 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Milner Bortner M.D. M. D. or other

Address White Hall Date signed Dec 9, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12423

Reg. Diat. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 6 mos., 17 days

Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

How long in hospital or institution? 1 yr., 6 mos., 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Arbutus
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Knecht Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Harry C. MacCubbin

3.(b) Social Security Number: 216-07-3057

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Emma MacCubbin

6.(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): October 23, 1912

8. AGE: Years	Months	Days	If less than one day
28	2	5	...hrs. ...min.

9. Birthplace: Arbutus, Baltimore Co., Md.
(Town, county, and state)

10. Usual occupation: Radio Repairman

11. Industry or business: Unknown

FATHER
12. Name: Frank MacCubbin
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Lillian Long
15. Birthplace: Emmitsburg, Maryland

16. Informant: Harry C. MacCubbin
Address: Knecht Ave., Arbutus, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 31, 1940 (month) (day) (year)

Cemetery or crematory: Lorraine Park Cemetery

Location: Baltimore County, Maryland

18. Funeral director: H. Sander & Son

Address: North Ave. at Broadway, Balto., Md.

19. Dec. 28, 40 (Date rec'd by registrar) J. Frank Gredinger Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28, 1940 at 9:50P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11, 1939 to Dec. 28, 1940 and that I last saw him alive on December 28, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	5 years
Due to: Tubercle Bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operation: No operation Date of op.:

Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D.
M. D. or other

Address: Mount Wilson, Md. Date signed: 12/28/40

RECEIVED
JAN 2 1941
BUREAU V. S.

12424

Husband left home 11 yrs ago. Have not heard from him since. (131-6)

STATE OF MARYLAND
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Baltimore

Registration Dist. No. 42

Village or City Halethrope (No. ..... Selma Ave St: ..... Ward) near Washington Blvd. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Eleanor Mahle (Mahle)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept (Month) 25th (Day), 1879 (Year)

7 AGE: 61 yrs. 2 mos. 10 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Home
(b) General nature of industry business, or establishment in which employed or (employer): .....

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wm E Schmely

11 BIRTHPLACE OF FATHER (State or country): Balto, Md.

12 MAIDEN NAME OF MOTHER: Mary Born

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Helen Hucke

(Address) Selma Ave (Halethrope)

15 Filed Dec 7, 1940 Geo M Kieffer Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 5th (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Dec 1 1940 to Dec 5, 1940 that I last saw her alive on Dec 5, 1940 and that death occured on the date stated above, at 5 P. m.

The CAUSE OF DEATH * was as follows:

Carcinoma Stomach
Chronic Nephritis

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory Secondary: Uraemia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W S Long M. D.

12/8/40 192.. (Address) 6 W 42 Hudson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: 12/9/40 19..

20 UNDERTAKER: Geo. Weber & Son

ADDRESS: 2503 Edmondson Ave Balto, Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N B.--Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
R.—Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSI-

DEC 9 1940
U. S. BUREAU

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy" "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94b)

CERTIFICATE OF DEATH

12425

Reg. Dist. No.

1. PLACE OF DEATH: Baltimore

County Baltimore

City or town Fullerton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Fullerton, Md

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 30 Fullerton Heights, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Mares

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Marie Mares.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 28, 1873

8. AGE: Years 67 | Months 2 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace: Czechoslovakia. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Anton Mares
13. Birthplace: Czechoslovakia.

MOTHER
14. Maiden name: Roth
15. Birthplace: Czechoslovakia

16. Informant: Marie Mares (wife)

Address: 30 Fullerton Heights Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/22/40 (month) (day) (year)

Cemetery or crematory: Oak Hill Cem.

Location: Phila Rd & Horner Lane.

18. Funeral director: Charles E. Schimunek.

Address: 2601-03 E. Madison, St.

19. Dec. 23 1940 (Date rec'd by registrar) Bureau of V. S. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19th 1940 P.M. 8-45

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~

~~and that I last saw h alive on 19~~

Immediate cause of death: Angina Pectoris

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. E. Myse Lefty M Rex M. D. or other

Address Pikesville Md Date signed 12-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 23 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

12426

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Oak Park. Halethorpe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Oak Park Halethorpe
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Belle Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Nuayoshi

3. (b) Social Security Number 214 31 0754

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth Nuayoshi
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 27. 1882

8. AGE: Years	Months	Days	If less than one day
58	1	4	— hrs. — min.

9. Birthplace Hungary (Town, county, and state)
10. Usual occupation Streetcar Worker
11. Industry or business Longshoreman
FATHER 12. Name Leo Nuayoshi
13. Birthplace Hungary
MOTHER 14. Maiden name Katherine Barnut
15. Birthplace Hungary
16. Informant Mrs Elizabeth Nuayoshi
Address Oak Park. Halethorpe - Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/4/40 (month) (day) (year)
Cemetery or crematory Loudon Park. Cem
Location Baltimore Md
18. Funeral director F. B. Wippert & Son
Address 1300 Eutaw Pl
19. Jan 3 — 1941 (Date rec'd by registrar) Dr Keiffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 — 1940, at 10:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-15 1939, to 12-31 1940, and that I last saw him alive on 12-29 1940

Immediate cause of death	DURATION
Carcinoma of Stomach	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Nathan Rosenwinkel M.D.
M. D. or other
Address 206 S. Gilmor St Date signed 1-3-41

Nathan Rosenwinkel - Gilmor

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Whichtan "
Brunswick "

RECEIVED
FEB 3 1941
BUREAU V.S

12427

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 Mo.

Hospital, institution, or street address where death occurred: 51 Edmondson Ridge Rd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 51 Edmondson Ridge Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war: -----

3. (a) FULL NAME: Laura V.McAbee

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Wht.	Widow

6.(b) Name of husband or wife: Charles W.McAbee Sr.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept.22,1856

8. AGE: Years	Months	Days	If less than one day
84	2	10	..... hrs. ..... min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: ----

11. Industry or business

FATHER
12. Name: Charles Geigas
13. Birthplace: Va.

MOTHER
14. Maiden name: Elizabeth Riggs
15. Birthplace: Va.

16. Informant: Edgar O.McAbee
Address: 602 Glenolden St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec.5,1940 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Balto.Md.

18. Funeral director: Robert S.Little
Address: 2700 Edmondson Ave.

19. 12/3 (Date rec'd by registrar) 1940 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec.2 1940 at 11.20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1935 to Dec.2 1940 and that I last saw her alive on November 30 1940

Immediate cause of death: Arteriosclerosis — DURATION: 1 year

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Egbert L. Mortimer Jr. Md. M. D. or other

Address: 2700 St Paul St Date signed: 12/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

12428

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Balto

City or town: Anneslie

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Armacost Nursing Home

How long in hospital or institution? 812 Register Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County:

City or town: Balto

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 632 W. North Ave

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Virginia Margaret McCue

3. (b) Social Security Number: NONE

4. Sex: Female

5. Color or race: White

6.(a) ~~Single~~, married, ~~widowed or divorced~~: Married

6.(b) Name of husband ~~or wife~~: Current B. McCue

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 26th 1865

8. AGE: Years: 75 Months: 5 Days: 18 If less than one day ..... hrs. ..... min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER

12. Name: Wm H. Etheridge

13. Birthplace: Unknown

MOTHER

14. Maiden name: Virginia Freeman

15. Birthplace: "

16. Informant: Lotta M. Yeager

Address: 17 Col Garden Brooklyn N.Y.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 12/16/40 (month) (day) (year)

Cemetery ~~or crematory~~: Woodlawn

Location: Woodlawn Md.

18. Funeral director: William Cook

Address: 1217 St. Paul St.

19. Dec 16 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14th 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/10 1940, to 12/17 1940 and that I last saw her alive on 12/14/40 19..

Immediate cause of death: Arteriosclerosis Cerebral - Hemorrhage Chronic Myocarditis

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: 5103 Harford Rd. Date signed: 12/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12429

Reg. Dist. No. 43

1. PLACE OF DEATH:
County Balto
City or town Kingsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ~~1329 Union Ave~~
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto. City
City or town Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1329 Union Ave (resident 3 yrs)
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Harry E. Morrow

3. (b) Social Security Number 175-10-5713

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	M

6 (b) Name of husband or wife Marian M. Morrow 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1894

8. AGE:

Years	Months	Days	If less than one day
46	1	28	hrs. min.

9. Birthplace Pa (Town, county, and state)
10. Usual occupation Metal worker
11. Industry or business
FATHER 12. Name Russel Morrow
13. Birthplace Pa.
MOTHER 14. Maiden name Martha Lee
15. Birthplace Pa.
16. Informant Marian Morrow
Address 1329 Union Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3 40 (month) (day) (year)
Cemetery or crematory Mount Rose
Location York Pa.
18. Funeral director Lassahn Funeral Home
Address 7401 Belair Rd.
19. 12/30 1940 Mrs. G. A. Fintz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29th 1940, 6 P. M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~,
and that I last saw h alive on ~~19~~.

Immediate cause of death Autobile accident on
Due to highway, pedestrian hit by auto.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of 12-29-40
Where did injury occur? Kingsville (City or town) Balto (County) Md (State)
Injured ~~at home, farm, industry~~, public place (where?) highway
Means of injury Auto accident Injured at work? No

23. SIGNATURE W. G. Myer Leroy M. Ex M. D. or other
Address Sykesville Md Date signed 12-29-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CHANGES in place of residence, etc. authorized by statement of informant in person 1-8-41, and changed by Bureau of Vital Statistics. - LL

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

12430

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 months
Hospital, institution, or street address where death occurred: Spring Grove State Hospital
How long in hospital or institution? 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 829 W. 35th Street.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
Clarence K. Myers

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Fannie Walker
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): December 4, 1883

8. AGE: Years	Months	Days	If less than one day
57	0	15	..... hrs. ..... min.

9. Birthplace: Howard County, Maryland.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER
12. Name: Louis Myers
13. Birthplace: Maryland
MOTHER
14. Maiden name: Julia E. Walker
15. Birthplace: Maryland
16. Informant: Hospital Records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 21st 1940 (month) (day) (year)
Cemetery or crematory: Lorraine Cemetery.
Location
18. Funeral director: Chenoweth & Donovan
Address: 3615 Chestnut Ave, Balto Md.
19. 12/19 1940 (Date rec'd by registrar) H. L. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 19 1940 at 2:15 a.m.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 19, 1940, to December 19 1940 and that I last saw him alive on December 19, 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	6 hours
Due to Cerebral arteriosclerosis	Before 1940
Due to Hypertensive heart disease	Before 1940
Other conditions Psychosis with cerebral arteriosclerosis	Before 1940

(Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.
Autopsy results: As given above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) None
Means of injury Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp M. D. or other
Address: Spring Grove Hospital Date signed: 12/19/40

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

DEC 26 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12431

Reg. Diat. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Relay

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 days

Hospital, institution, or street address where death occurred:

Relay Sanitarium

How long in hospital or institution? 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Susan T. Newton

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband ~~or wife~~: Henry L. Newton

6.(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): June 14, 1878

8. AGE: Years	Months	Days	If less than one day
62	5	25	....hrs. ....min.

9. Birthplace: Connecticut (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER — 12. Name: David Hayes

FATHER — 13. Birthplace: Connecticut

MOTHER — 14. Maiden name: Mary Dissell

MOTHER — 15. Birthplace: East Windsor, Connecticut

16. Informant: Hospital Record

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/12/40 (month) (day) (year)

Cemetery or crematory: E. Windsor Cemy.

Location: E. Windsor, Conn.

18. Funeral director: John O. Mitchell Funl. Inc.

Address: 1900 Eastern Pl. Balto. Md.

19. Dec. 10 – 1940 (Date rec'd by registrar) G. Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9th 1940, at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13th 1940, to Dec 9th 1940 and that I last saw h.. alive on Dec 9th 1940

Immediate cause of death	DURATION
Cerebral thrombosis	2 days
Due to: Cerebral arteriosclerosis	Several years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Louis P. Gundry M. D. or other

Address: Relay, Md. Date signed: 12/9/40

RECEIVED
DEC 16 1940
BUREAU V. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12432

1. PLACE OF DEATH

County Balto Registration Dist. No. 32

Village or City Pikesville No. Camp Field Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ? yrs., mos., ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar E. Nicholson If U. S. Veteran, specify WAR

(a) Residence: No. Orphans Home St., Dogwood Rd Ward. Woodlawn, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Nicholson

6. DATE OF BIRTH (month, day, end year) June 19 1870

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
70	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Nicholson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Widerman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Asst Living Home (Record.) (Address) Camp Field Rd Pikesville

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Randalstown Md Date Dec 19, 1940

19. UNDERTAKER Mrs Chas A G Rohde (Address) 2327 Edmondson Ave

20. FILED 12/18, 1940 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 16th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13th, 1940, to Dec 16th, 1940

that I last saw him alive on Dec. 11th, 1940; death is said to have occurred on the date stated above, at 11 30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
11 — Primary Carcinoma of G. I. Tract.	10 months
Other Contributory Causes of importance: 11 - Acute infectious arthritis of the Spine	?

Name of operation None Date of

What last confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Earl L. Humphreys M. D.

(Address) 4108 Liberty Hts. Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 4 1941 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12433

1. PLACE OF DEATH (8)

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. R3 Box 983 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME MALE INFANT PERRIN If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Dec 25. 1940.

7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

Stillborn —

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Dundalk Md.

FATHER

13. NAME Linwood L. Perrin

14. BIRTHPLACE (city or town) (State or country) Orange N. J.

MOTHER

15. MAIDEN NAME Ella Ransom

16. BIRTHPLACE (city or town) (State or country) Essex Co. Va

17. INFORMANT Linwood Perrin (Address) as above

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Private Date Dec 26, 1940

19. UNDERTAKER none (Address)

20. FILED 12/26, 1940 Milton W. Munson Local Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 25, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1940 to Dec 25, 1940

I last saw him ~~alive on~~ dead Dec. 25, 1940; death is said to have occurred on the date stated above, at 8 30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	Dec. 25. 1940
(maceration indicates death to be about 3 days duration)	

Other Contributory Causes of importance:

Name of operation none Date of ____

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did Injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Louis N. Pollin M. D.

(Address) Sparrows Point Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 3 1941 BUREAU V. S.
JAN 3 1941 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12434

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 23 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 223 Baltimore Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dominica Persichini

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Virgilio Persichini
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 1857

8. AGE: Years 83 | Months 2 | Days 12 | If less than one day ____hrs. ____min.

9. Birthplace Italy (Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Italy

MOTHER
14. Maiden name Don't know
15. Birthplace Italy

16. Informant Dominica Persichini
Address 216 Rappolo St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26 1940 (month) (day) (year)
Cemetery or crematory St Stanislaus
Location Baltimore

18. Funeral director John Ullmer
Address 2008 Orleans

19. 12/27 1940 (Date rec'd by registrar) Miles M Bowlsby Local Registrar / Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1940, to Dec. 24 1940, and that I last saw h-- alive on Dec. 24 1940.

Immediate cause of death	DURATION
acute Cardiac Decompensation	9 da.
Chronic Myocarditis	3 yrs.
Due to	
Due to Hardening of Arteries	3 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank Virgilio M. D. or other
Address 7001 Monnington Rd Date signed 12/25/40
M McCutcheon Reg.

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JAN 3 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-B)

12435

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Recedo Knoll

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville 1262 Wi[illegible] Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie M. Pilcher

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: James R. Pilcher

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 2, 1868

8. AGE:

Years	Months	Days	If less than one day
72	7	5	____ hrs. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Charles Getzendanner
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Mary Connor
15. Birthplace: Baltimore, Md.

16. Informant: Charles F. Andrews
Address: Ferndale, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 10, 1940 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Old Frederick Ave.,

18. Funeral director: William M. Mareck
Address: 715 Light St.,

19. 12/8 (Date rec'd by registrar) 1940 [signature] Registrar
Orpha Loan

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 7 1940, at 9.30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20, 1940, to Dec. 7 1940, and that I last saw her alive on Dec. 3, 1940.

Immediate cause of death	DURATION
Carcinoma rt. hip joint	
Due to From history of case- Before	1939
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Catonsville, Md Date signed 12/7/40

5804

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JAN 2 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12436

1. PLACE OF DEATH

County _____ Registration Dist. No. 44

Village or City Edgemere No. 7105 North Point Road St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mary Agnes Piquett If U. S. Veteran, specify WAR _____

(a) Residence: No. 7105 North Point Road St., _____ Ward. _____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Piquett

6. DATE OF BIRTH (month, day, and year) June 23 1896

7. AGE	Years	Months	Days	If LESS then 1 day, _____ hrs. or _____ min.
	44	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Richard R. Nicholson

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Charles J. Piquett
(Address) 7105 North Point Road

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Dec 23, 1940

19. UNDERTAKER Harry H. Armacost
(Address) 4204 Ridgewood Ave

20. FILED Dec 21, 1940 Dawson L. Harbert Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month), 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8.26, 1940, to 12.19, 1940

I last saw her alive on 12.19, 1940; death is said to have occurred on the date stated above, at 10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	5 mos.
Carcinoma of the breast.	1 yr.

Other Contributory Causes of importance:

Name of operation Radical mastectomy Date of _____

What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R. O. Windsor M. D.

(Address) 508 F St., Spanowski, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Roger E Hardeman
508 F St

Dawson Fisher
914 D St

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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DEC 26 1940
BUREAU V. S.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

12437

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Sudbrook Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Sudbrook Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
L. OSTER PLAGGEMEYER

3.(b) Social Security Number
219-01-1905

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Blanche Plaggemeyer
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 17, 1886

8. AGE: Years	Months	Days	If less than one day
54	4	5	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)
10. Usual occupation: Estimater - Auto
11. Industry or business

FATHER
12. Name: George Plaggemeyer
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Mary E. Fountain
15. Birthplace: New Castle, Penna.

16. Informant: Mrs. Blanche Plaggemeyer
Address: Sudbrook Road, Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/24/40 (month) (day) (year)
Cemetery or crematory: Druid Ridge Cemetery
Location: Pikesville, Maryland

18. Funeral director: Wm. J. Tickner & Sons,
Address: North & Pa. Avenues,

19. 12/24 (Date rec'd by registrar) 1940 E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 22, 1940, at 8.15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15th 1940, to Dec. 22nd 1940
and that I last saw h... alive on Dec. 22nd 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	½ hr.
Due to: Hypertension	1 yr.
Due to: Art. Sclerosis	2 yr.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: James A. Miller M.D.
M. D. or other
Address: Pikesville, Md. Date signed 12/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. James Miller, Pikesville

96 10

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-E)

CERTIFICATE OF DEATH

12438

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Timonium

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? no.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Timonium P.O. Upperco R.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Pot Springs Rd

(If rural, give LOCATION)

2.(a) If veteran, name war: ---

3.(a) FULL NAME: Estelle I. Price

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6.(b) Name of husband or wife: ---

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 20 - 1864

8. AGE: Years: 76 | Months: 2 | Days: 13 | If less than one day: ..... hrs. ..... min.

8. Birthplace: Baltimore Co Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: William Price

13. Birthplace: Baltimore Md

MOTHER 14. Maiden name: Elizabeth Smith

15. Birthplace: Carroll Co Md

16. Informant: William A Price

Address: Pot Springs Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 5-40 (month) (day) (year)

Cemetery or crematory: Prospect Hill - Towson

Location: Towson Md

18. Funeral director: William Cook

Address: 1317 N Paca St Baltimore Md

19. Dec 3 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 1940 at 9 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 1940 to Dec 2 1940

and that I last saw her alive on Dec 2 1940

Immediate cause of death	DURATION
Cerebral Thrombosis	9-15-40
Right Hemiplegia -	9-1940
Due to: Cerebral Arteriosclerosis	unk
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op. none

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Bennett A. Steen M. D. or other

Address: Lutherville, Md Date signed: 12/3 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

12439

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore Co

City or town: Dundalk
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 79 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 101 Willow Spring Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lee Purcell

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

B (b) Name of husband or wife: Katherine Purcell

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 13 - 1860

8. AGE:

Years	Months	Days	If less than one day
79	7	26	____ hrs. ____ min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: Teller (Bank)

FATHER
12. Name: John J Purcell
13. Birthplace: Ireland

MOTHER
14. Maiden name: Dont Know
15. Birthplace: Ireland

16. Informant: Donald Lee Purcell

Address: 101 Willow Spring Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 11th 1940 (month) (day) (year)

Cemetery or crematory: London Park Cemetery

Location: Baltimore

18. Funeral director: John Ullrich

Address: 2008 Orleans St

19. 12/10 1940 (Date rec'd by registrar) Milton W Munson Local Registrar Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9th 1940, at 8:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 1940, to Dec 9 1940, and that I last saw him alive on Dec 7 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: 15 Minutes

Due to: Arteriosclerosis

Due to:

Other conditions: Overcome by House Gas Accidental Dec 3, 1940 - Recovered.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A W Reier M.D.
M. D. or other

Address: Dundalk Md Date signed: 12-10-40

W M Carmine Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

12440

93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:
County Baltimore
City or town Overlea
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 12 Chesley Avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Overlea Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 12 Chesley Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jane Quigley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife --
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1872

8. AGE:

Years	Months	Days	If less than one day
68	5	7	hrs. min.

9. Birthplace Somerset, Pa.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Martin Quigley
13. Birthplace Galway, Ireland

MOTHER
14. Maiden name Catherine Wade
15. Birthplace Manchester, England.

16. Informant Callista Boyd
Address 12 Chesley Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 21, 1940 (month) (day) (year)
Cemetery or crematory Holy Redeemer
Location Belair Road, Balto., Md.

18. Funeral director Lassalle Funeral Home
Address 7401 Belair Road

19. 12/20 1940 Mrs G. A. Fritz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19th 1940, at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to Dec. 19, 1940, and that I last saw her alive on Dec. 18, 1940.

Immediate cause of death Myocardial Insufficiency — DURATION ?

Due to Severe Minition

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Nathan Janney M. D.
M. D. or other
Address 7101 Harford Rd. Date signed 12/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 28 1940
BUREAU V. A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

12441

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Towson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sheppard and Enoch Pratt Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 years

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Balto.

City or town Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 1001 St Paul St. (If rural give LOCATION)

2(c) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mrs. Mary Cullen Ramsay

3. (b) Social Security Number ✓

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Breckenridge Ramsay

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) 12-31-1870

8. AGE: Years 70 | Months — | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace Canada (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Thomas Cullen Rev.

13. Birthplace ~~Canada~~ Ireland

MOTHER 14. Maiden name Mary Greene

15. Birthplace ~~Canada~~ England

16. Informant Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jany 2, 1941 (month) (day) (year)

Cemetery or crematory David Ridge

Location Pikesville, Balto. Co. Md

18. Funeral director John O. Mitchell Sons

Address 1900 Eutaw Place, Balto Md.

19. Jan 2 1941 (Date rec'd by registrar) Wm Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1940, at 9:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1938, to Dec 31 1940, and that I last saw her alive on 12-31 1940.

Immediate cause of death Pneumonia, Bronchi Hypertensive Cardio-Vascular Disease — DURATION 10 days

Due to

Due to

Other conditions Psychosis with Cerebral Arteriosclerosis — 3 years.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] Arthur E. Pettrell, M. D. M.D. or other

Address Sheppard and Enoch Pratt Hosp. Towson, Md. Date signed 12-31-40

FEB 3 1941
BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 38

CERTIFICATE OF DEATH

12442

1. PLACE OF DEATH:
(a) County BALTIMORE
(b) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 105 W. JOPPA ROAD
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 YRS.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 W. JOPPA ROAD (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME AGUSTUS RANDOW

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife LEWIS RANDOW
6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN. 17, 1868

8. AGE: Years	Months	Days	If less than one day
72	11	1	____ hr. ____ min.

9. Birthplace CASTELTON, HARFORD Co, MD. (Town, county, and state)
10. Usual occupation HOUSEWIFE
11. Industry or business —

FATHER
12. Name CHRISTIAN RANDOW
13. Birthplace GERMANY

MOTHER
14. Maiden Name MAGDALENA BRONCHIUS
15. Birthplace GERMANY

16 (a) Informant MRS. LEWIS RANDOLPH
(b) Address 213 COURTLAND AVE. TOWSON, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/21/40 (month) (day) (year)
(c) Cemetery or crematory DUBLIN METHODIST
Location DUBLIN, HARFORD Co. MD.

18 (a) Funeral director John Burns Sons
(b) Address Jarrettsville, Md.

19 (a) Dec 21 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 18, 1940, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1, 1939, to Dec 18 1940, and that I last saw h[illegible] alive on 12/18 19 40.

Immediate cause of death	Duration
Pulmonary edema	2 days
Due to Arterio-sclerotic cardio-vascular disease	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C H Rein M.D. (M. D. or other)
Address 6701 York Rd Date signed 12/18/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 4 1941
BUREAU V. S.

1940
1868
72

Dr E. E. Nichols 202 Reisterstown Rd Pikesville 259-514

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18(a)

12443

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Balto

City or town: Pikesville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, Institution, or street address where death occurred: 103 Sudbrook Lane

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Pikesville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 103 Sudbrook Lane

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Deborah J. Redue

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) ~~Single, married~~, widowed, ~~or divorced~~
Female	White	Widowed

6.(b) Name of husband ~~or wife~~: John H. Redue

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 6th 1846

8. AGE: Years	Months	Days	If less than one day
94	3	20	hrs. min.

9. Birthplace: Kent Co. Md.

(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: At Home

FATHER 12. Name: Oliver Jones

FATHER 13. Birthplace: Md.

MOTHER 14. Maiden name: Mary E. Brown

MOTHER 15. Birthplace: Md.

16. Informant: Henry O. Redue

Address: 103 Sudbrook Lane - Pikesville

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12/28/40 (month) (day) (year)

Cemetery ~~or crematory~~: Chester

Location: Chestertown Md.

18. Funeral director: William Cook

Address: 1217 St. Paul st

19. 12/27 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 26th 1940, at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 7 1940, to Dec 26 1940

and that I last saw her alive on Dec 26 1940

Immediate cause of death	DURATION
Fractures Right & Left	19 days
Due to	
Due to	
Other conditions Shock	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accidental Date of Dec 7-40

Where did injury occur? Pikesville Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) At home

Means of injury Fell on floor Injured at work? —

23. SIGNATURE: E. E. Nichols M.D. M. D. or other

Address: Pikesville Md Date signed Dec 27-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

12444

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Balto

City or town: Halethorpe
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Washington Blvd at Sulphur Spring Rd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Halethorpe
(If outside city or town limits, write RURAL and give nearest town)

Street No. Washington Blvd at Sulphur Spring Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Michael Reitz

3. (b) Social Security Number

4. Sex	5. Color or race	6. ~~(a) Single, married~~, widowed, ~~or divorced~~
Male	White	Widowed

6.(b) Name of ~~husband or~~ wife: Sophia Reitz

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 25th 1872

8. AGE: Years	Months	Days	If less than one day
68	10	1	..... hrs. ..... min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Truck Farmer

11. Industry or business: Self

FATHER
12. Name: Wilhem Reitz
13. Birthplace: Germany

MOTHER
14. Maiden name: Margaret Hoffman
15. Birthplace: Germany

16. Informant: Anna M. Wantz
Address: 3818 Penhurst Ave

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12/28/40 (month) (day) (year)

Cemetery ~~or crematory~~: Lorraine

Location: Balto. Co. Md.

18. Funeral director: William Cook
Address: 1217 St. Paul st

19. Dec 28 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 26th 1940, at 12 05 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23 1938, to Dec 26 1940 and that I last saw him alive on Dec 20 1940

Immediate cause of death	DURATION
Pneumonia Hypostatic	4 days
Due to Broncho-pneumonia, cause R.	
Pachymeningitis Hemorrhagica	Aug 1939
Due to Arterio Sclerosis general & Cerebral	4 years
Other conditions Senility	

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Eliot W. Johnson M. D. or other

Address: 3432 Frederick Ave Date signed

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12445

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Towson R.F.D No. 8
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Towson R.F.D No. 8 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Benjamin Talbott Ridgely

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth S.C. Ridgely

6(c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1856

8. AGE: Years	Months	Days	If less than one day
84	2	9	— hrs. — min.

9. Birthplace Towson R.F.D No. 8
(Town, county, and state)

10. Usual occupation Landowner & farmer

11. Industry or business —

FATHER
12. Name Dr. Benj. R. Ridgely
13. Birthplace Towson R.F.D No. 8

MOTHER
14. Maiden name Mary Catherine Todd
15. Birthplace Towson R.F.D. No. 8

16. Informant Neville R. Ridgely
Address Towson R.F.D. No. 8

17. Burial Date thereof Dec. 15, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Family Cemetery

Location Towson R.F.D.

18. Funeral director Sandra M. Brooks

Address Sparks, Md.

19. Dec. 15-40 Wilmer C. Ensor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1940, at 4.10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5, 1940 to Dec. 13, 1940, and that I last saw him alive on Dec. 13 1940.

	DURATION
Immediate cause of death Multiple emboli,	
Mesenteric and Cerebral	12/1940
Pneumonia, Lobar	11/27/40
DUE TO Coronary thrombosis	7/5/40
Due to Arteriosclerosis	unk.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bennett A. Stacy M.D.
M. D. or other

Address Lutherville, Md. Date signed 12/13/40

uther

RECEIVED
DEC 24 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 83a

Reg. Dist. No. 44

CERTIFICATE OF DEATH

12446

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 718 S St Sparrows Pt Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point Md (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Sarah E. Robinson

3 (b) If veteran, name war —

3 (c) Social Security No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George T. Robinson

6. (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): Oct 8 1869

8. AGE: Years: 71 Months: 2 Days: 1 If less than one day: —hr. —min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER 12. Name: Thomas Wilson

13. Birthplace: Maryland

MOTHER 14. Maiden Name: Melvina Nichols

15. Birthplace: Baltimore City Md

16 (a) Informant: Mr George T. Robinson Pt

(b) Address: 718 S. St Sparrows Pt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-40 (month) (day) (year)

(c) Cemetery or crematory: Mt Calvary Cem

Location: Brooklyn Md

18 (a) Funeral director: Mrs Ida Bailey

(b) Address: 1421 Jefferson St

19 (a) Dec 10-40 (Date rec'd by registrar) (b) Dawson T. Farber Dep. Registrar

Copy sent to Dr. Farber 12/14/40

MEDICAL CERTIFICATION

20. Date of death 12/9/40 19—, at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27/40 19 40, to 12/9/40 19—, and that I last saw him alive on 12/9/40

Immediate cause of death: Cerebral apoplexy — Duration: 13 days

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature J. H. Thomas M. D. or other

Address 1012 9 St Sparrows Pt Md Date signed 12/9/40

RECEIVED
DEC 14 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

12447

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: Balto

County

City or town Hereford

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 Years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Parkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ~~Unidentified~~ Warren E. Robosson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Bessie Crum

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 25, 1885

8. AGE:

Years	Months	Days	If less than one day
55	5	21	hrs. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wm. Robosson
13. Birthplace Maryland

MOTHER
14. Maiden name Sarah E. Thompson
15. Birthplace Carroll Co. Md.

16. Informant Mr. D. D. Robosson

Address 320 E. 28th St. Balto, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19, 1940 (month) (day) (year)

Cemetery or crematory Wards Chapel

Location Eldersburg, Md.

18. Funeral director Landon M. Brooks

Address Sparks, Md

19. Dec. 18 1940 (Date rec'd by registrar) Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 to 19~~, ~~and that I last saw h alive on 19~~.

Immediate cause of death Asphyxiation by

Due to Gas from Coal Oil

Due to Stove.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~ Accident Date of 12.16.40

Where did injury occur? Hereford (City or town) Balto (County) Md (State)

Injured at home, ~~farm, industry~~, public place (where?) Wayside Cabin

Means of injury Gas Asphyxia Injured at work? No

23. SIGNATURE W. P. E. Myer M. D. or other

Address Pikesville Md Date signed 12.16.40

RECEIVED
DEC 24 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

CERTIFICATE OF DEATH

12448

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town Harrows Point Shore Works

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Dundalk Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6838 Dunbar Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martin W. Rothe Sr.

3. (b) Social Security Number 705-10-9669

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie M.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1893

8. AGE: Years 47 Months 5 Days 17 If less than one day hrs. min.

9. Birthplace Baltimore Co. (Town, county, and state)

10. Usual occupation Conductor

11. Industry or business Patapsco & Back R.R.

FATHER 12. Name George C. Rothe

13. Birthplace Baltimore Co.

MOTHER 14. Maiden name Margaret Scheoppler

15. Birthplace Baltimore Co.

16. Informant Martin W. Rothe Jr.

Address 6838 Dunbar Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/26/40 (month) (day) (year)

Cemetery or crematory First Evan. church Cemt.

Location Odonnell St.

18. Funeral director Clarence F. Hoffmann

Address 1639 N. Broadway.

19. Dec 24 1940 (Date rec'd by registrar) Dawson L. Farber Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940 PM. 2-52

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death Accident run over on R.R. by gondola car

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 12-22-40

Where did injury occur? Harrows Point (City or town) Balto (County) Md (State)

Injured ~~at home, farm~~, industry, public place (where?) R R Tracks

Means of injury Accident Injured at work? yes

23. SIGNATURE W. P. E. Myse Dpy M Rex M. D. or other

Address Pascoville Md Date signed 12-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

DC Farbon

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

12449

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
County: BALTIMORE
City or town: Landsdown (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Kutchins Ave.
Stay in hospital or inst. (yrs., or mos., or days): NO
Stay in this community (yrs., or mos., or days): 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: BALTIMORE
City or town: Landsdown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Kutchins Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Matthew Rutkus
3. (b) Social Security Number: #213-14-3722

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept. 23, 1894
8. AGE: Years 46 Months 2 Days 13 If less than one day ____ hrs. ____ min.
9. Birthplace: Lithuania (Town, county, and state)
10. Usual occupation: Manager of Club
11. Industry or business
FATHER
12. Name: Unknown
13. Birthplace: Lithuania
MOTHER
14. Maiden name: Unknown
15. Birthplace: Lithuania
16. Informant: Felix Rutkus
Address: 325 Scott St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 9, 40 (month) (day) (year)
Cemetery or crematory: London Park.
Location: Balto. Md
18. Funeral director: Joseph Kasinskas Inc.
Address: 602 Washington Blvd.
19. Dec 8 1940 (Date rec'd by registrar) G. M. Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: DECEMBER 6 1940, at 9 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DECEMBER 20 1935, to DEC 6 1940, and that I last saw him alive on DEC 4 1940.

Immediate cause of death	DURATION
CORONARY OCCLUSION	DEC 6 1940
Due to	
Due to	
Other conditions: INFLUENZA	1 WEEK
BRONCHIAL ASTHMA	1 YEAR

(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Edward F. Milan M.D. M. D. or other
Address: 682 WASHINGTON BLVD Date signed: 12-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

12450

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 69 Winters Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Emily Jane Ryan

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thomas Ryan

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar. 1, 1866

8. AGE: Years: 74 | Months: 9 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: Howard Co. Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Retired

FATHER

12. Name: Philip Bordley

13. Birthplace: Maryland

MOTHER

14. Maiden name: Mariah Shipley

15. Birthplace: Maryland

16. Informant: Miss Mary Ryan

Address: 69 Winters Ave.

17. (Burial, cremation, or removal. Which?): Burial Date thereof (month) (day) (year): Dec 29 1940

Cemetery or crematory: Western Star

Location: Old Frederick Rd.

18. Funeral director: Easton Sons

Address: Ellicott City Md.

19. (Date rec'd by registrar) 12/28 19 40

Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 25 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1940, to Dec 25 1940, and that I last saw her alive on Dec 25 1940.

Immediate cause of death: Heart disease

DURATION

Due to: old age

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wm Woolridge M. D. or other

Address: 703 W Lafayette Date signed:

RECEIVED
JAN 2 1941
BUREAU V. S.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12451

CERTIFICATE OF DEATH 131-a

Balto County

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Rockville, Md 22 Florida Ave. St., Rockdale Balto. Co. Md Ward)

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? 36 yrs. mos. ds.

2. FULL NAME Oscar Segardahl

If U. S. Veteran specify WAR

(a) Residence: No. 22 Florida Ave. St., Rockdale, Ward, Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

SS# 216 01 5287

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Syster Hilma L. Segardahl

6. DATE OF BIRTH (month, day, year) Nov 28 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mfg., saw mill, bank, etc. Machine Mfg.

10. Date deceased last worked at this occupation (month and year) Dec 9 1940

11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Segardahl

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Syster H. L. Segardahl
(Address) 22 Florida Ave Rockdale Md

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Mt Olivet Randallstown Date 12/12 1940

19. UNDERTAKER William Cook
(Address) 1217 E. Fayette St

20. FILED Dec 12 1940 Wm E Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1940 to Dec. 9 1940

I last saw him alive on Dec. 9 1940 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart block -	3 wks
Mitral insufficiency	1 yr
Arteriosclerosis	1937
Chr. interstatial nephritis	1939
Other contributory causes of importance:	
Varicose veins ulcerations	1937
Lt. Inguinal hernia	1930

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos Silberger M. D.

(Address) 4600 Liberty Heights Ave Baltimore Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ys 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrocnteritis	*1 year*

RECEIVED DEC 14 1940 BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M. D. B. 1268-9

12452

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Owings Mills (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School

Stay in hospital or inst. (yrs., or mos., or days) 8 yrs. 7 mos. 7 days.

Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Thurmont (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Paul Joseph Shaffer

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1928

8. AGE: Years 11 Months 7 Days 20 If less than one day hrs. min.

9. Birthplace Frederick county, Md.
(Town, county, and state)

10. Usual occupation Inmate, Rosewood

11. Industry or business

FATHER
12. Name Paul William Shaffer
13. Birthplace Lewistown, Md.

MOTHER
14. Maiden name Hazel Duncan
15. Birthplace Foxville, Md.

16. Informant Institutional records -
Address Owings Mills, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8 40 (month) (day) (year)

Cemetery or crematory Blueridge Cem.

Location Thurmont Md.

18. Funeral director Willhide & Creeger

Address Thurmont Md.

19. Dec. 5 1940 (Date rec'd by registrar) J. Frank Miller, Md. E.R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5, 1940, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4, 1940, to Dec. 5, 1940, and that I last saw him alive on Dec. 5, 1940.

Immediate cause of death: Status Epilepticus — DURATION: 2 days

Due to

Due to

Other conditions: Amyotonia congenita — cong-
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no operation
Of autopsy: not made

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry G. Butler, M.D. M. D. or other

Address Owings Mills, Md Date signed 12/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (187-a)

12453

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years, 3 months, 5 days

Hospital, institution, or street address where death occurred:
Spring Grove State Hospital

How long in hospital or institution? 8 years, 3 months, 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City
(If outside city or town limits, write RURAL and give nearest town)

Street No.: unknown
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME

Emma Shipley

3.(b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Lafayette Shipley

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
68?			hrs. min.

9. Birthplace: (Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER 12. Name: unk

13. Birthplace

MOTHER 14. Maiden name: unk.

15. Birthplace

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/15/40 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp.

Location: Catonsville Md

18. Funeral director: Spring Grove State Hosp.

Address: Catonsville Md

19. 12/18/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5, 1940, at 8:35 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1936, to December 5, 1940

and that I last saw her alive on December 5, 1940

Immediate cause of death		DURATION
Chronic myocarditis	Since	1932
Due to Hypertensive heart disease	Since	1932
Due to Chronic parenchymatous nephritis	Since	1932
Other conditions Paranoid condition	Since	1932

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.:

Autopsy results: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of:

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): None

Means of injury: None Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Address: Spring Grove Hospital Date signed: 12/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

DEPUTY LOCAL

RECEIVED
JAN 2 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12454

1. PLACE OF DEATH (61)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 208 Winters ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emma Simpson

(a) Residence: No. 208 Winters ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Simpson

6. DATE OF BIRTH (month, day, and year): March 3 1878

7. AGE: Years 62 Months 9 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date deceased last worked at this occupation (month and year): 11-1-40

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard Co Md

FATHER

13. NAME: Joshua Thomas

14. BIRTHPLACE (city or town) (State or country): Frederic Co Md

MOTHER

15. MAIDEN NAME: Rachel Bacon

16. BIRTHPLACE (city or town) (State or country): Howard Co

17. INFORMANT (Address): Miss Rebecca Addison 208 Winters ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Star Date: 12-18, 1940

19. UNDERTAKER (Address): Mrs Frances A Hemsley. 578 W Biddle St

20. FILED: 12/17, 1940 [signature] Registrar.

DEPUTY LOCAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12-15 (Month) — (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1940, to 12-15, 1940

I last saw her alive on 12-15, 1940; death is said to have occurred on the date stated above, at 4 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown
Other Contributory Causes of importance:	
Diabetes mellitus	unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank A Saunders M. D.

(Address) 1029 N. Stricker St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JAN 2 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12455

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County Baltimore, Md.

City or town Pikesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 105 Hawthorne Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 105 Hawthorne Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Louisa Smith

3. (b) Social Security Number No number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

B (b) Name of husband or wife John T. Smith

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1860

8. AGE: Years 80 | Months 2 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER
12. Name Constance Wess
13. Birthplace Unknown

MOTHER
14. Maiden name Miss Kline
15. Birthplace Unknown

16. Informant George T. Smith

Address 105 Hawthorne Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-26-40 (month) (day) (year)

Cemetery or crematory London Park

Location Balto Md

18. Funeral director Wm Cook

Address 1217 St Paul

19. 12-23-40 19 (Date rec'd by registrar) E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1940, at 9.25 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 2 1940, to Dec. 22 1940, and that I last saw her alive on Dec. 22 1940.

Immediate cause of death Myocarditis & Shock — DURATION ?

Due to Fractured pelvis and right forearm Since Nov. 2,

Due to Fall down steps

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Nov. 2 1940

Where did injury occur? Kresge's Store, Balto. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury Fell down steps Injured at work? No

23. SIGNATURE E E Nichols M. D. or other

Address Pikesville Md Date signed 12-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

12456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Balto

City or town: Essex
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Taylor Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto

City or town: Essex
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Taylor Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Henrietta T. Steever

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Daniel M. Steever

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July - 20 - 1892

8. AGE: Years 48 Months 4 Days 16 If less than one day ..... hrs. ..... min.

9. Birthplace: Balto., Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Louis Lien
13. Birthplace: Cumberland, Md.

MOTHER
14. Maiden name: Eva. Cath. Hufnagle
15. Birthplace: Balto., Md.

16. Informant: Mr Daniel Steever

Address: Taylor Ave. Essex Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: 12-10-40
(month) (day) (year)

Cemetery or crematory: Oak Lawn Cem.

Location: Eastern Ave Rd.

16. Funeral director: John G. Connelly

Address: Essex Md

19. 12-10-19 40 John G. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 7th 19 40, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19 40, to December 7 19 40 and that I last saw her alive on December 7 19 40

Immediate cause of death	DURATION
Acute pulmonary edema	1 hour
Due to Aortitis	3 mos
Due to Syphilis	Years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George H. Davis M.D.
M. D. or other

Address: Essex, Md. Date signed: 12/9/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

CB 13170

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
County Baltimore
City or town Cockeysville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Masonic Home
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Detroit County Mich.
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 11537 Hamilton
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Aaron Stern

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Nora Suneuls Stern
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 30 1867

8. AGE: Years 73 Months 3 Days 21 If less than one day hrs. min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Tool Maker
11. Industry or business
FATHER 12. Name Isaac Stern
13. Birthplace Germany
MOTHER 14. Maiden name Gelchen Spear
15. Birthplace Germany
16. Informant Laura M. Schroeder
Address Masonic Home Cockeysville Md
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12-24-1940 (month) (day) (year)
Cemetery or ~~crematory~~ Baltimore Cemetary
Location
18. Funeral director Geo L. Beyer
Address 1512 Hollins St
19. 12/24/40 19 (Date rec'd by registrar) Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940, at 8:15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1938, to Dec 21 1940, and that I last saw him alive on Dec 21 1940.

Immediate cause of death Arterio-Sclerotic Cardio-Vascular Renal Disease — DURATION 6 Months
Due to
Due to
Other conditions Diabetes Melitus — 15 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. Schocket M. D. or other
Address Cockeysville Md Date signed 12/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 6 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-d)

12457

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH: Balto
County Monkton
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto
City or town Near Beckleysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Winfred Stine

3. (b) Social Security Number ✓

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband or~~ wife Elsie Stine
6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Jan 28-1881

8. AGE: Years 59 Months 10 Days 19 If less than one day ___ hrs. ___ min.

9. Birthplace Penna
(Town, county, and state)

10. Usual occupation General Store Merchant

11. Industry or business

FATHER
12. Name Nathaniel Stine
13. Birthplace Penna.

MOTHER
14. Maiden name Janie Gantz
15. Birthplace Penna

16. Informant Mrs Elsie Stine
Address Hampstead Md. R.D.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Feb 20/40 (month) (day) (year)
Cemetery or crematory Grave Run
Location Baltimore County

18. Funeral director Edeo Clipton
Address Hampstead Md

19. Dec. 18 1940 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940, at 10-30 a.m.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Valvular heart
Due to disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. O. Mrse Dep M. Ex
M. D. or other
Address Pennsville Md Date signed 12-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12458

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0 yrs., 1 mo., 6 days
Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
How long in hospital or institution? 0 yrs., 1 mo., 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 503 N. Patterson Park Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Francis A. Struck

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Mrs. Theresa Struck
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 9, 1868

8. AGE: Years	Months	Days	If less than one day
72	2	13	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Tailor
11. Industry or business: Unknown

FATHER
12. Name: August Struck
13. Birthplace: Germany

MOTHER
14. Maiden name: Anna (Last name unknown)
15. Birthplace: Germany

16. Informant: Francis A. Struck
Address: 503 N. Patterson Park Ave., Balto., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 24, 1940 (month) (day) (year)
Cemetery or crematory: Holy Redeemer Cemetery
Location: Baltimore, Maryland

18. Funeral director: F. V. Pipitone
Address: 2818 E. Baltimore St., Balto., Md.

19. Dec. 22, 1940 (Date rec'd by registrar)
Frank Spellissy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 22, 1940, at 6:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 16, 1940, to Dec. 22, 1940 and that I last saw h. im alive on December 22, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	14 yrs.
Due to: Tubercle Bacilli	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: No operations — Date of op.:
Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart A. Shaffer M.D. (M. D. or other)
Address: Mt. Wilson, Md. Date signed: 12/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 31 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a)

Reg. Dist. No. 41

CERTIFICATE OF DEATH

12459

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 71 Dundalk Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 21 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(d) Street No. 71 Dundalk Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Rachel Martha Sullivan

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Charles Sullivan

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1860

8. AGE: Years 80 Months 2 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Union Mills Md. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER

12. Name Peter J. Frock

13. Birthplace Md

MOTHER

14. Maiden Name Eliza Bankert

15. Birthplace Md

16 (a) Informant Mr. J. M. Kelley

(b) Address 71 Dundalk Ave -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3/40 (month) (day) (year)

(c) Cemetery or crematory Meadowridge Cem

Location Work Blvd Md

18 (a) Funeral director John Ullrich

(b) Address 2008 Orleans St

19 (a) 12/3/40 (Date rec'd by registrar) (b) Milton M. Nelson Local Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 2 1940, at 9 15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1940, to Dec 2 1940, and that I last saw him alive on Dec 2 1940.

Immediate cause of death Cerebral Hemorrhage (Left) — Duration 1 Hour

Due to Arteriosclerosis — Many years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Howard Burns M.D. M. D. or other

Address 59 Dundalk Ave. Date signed

M. McCormick Reg.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d)

Reg. Dist. No. 38

12460

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Towson
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 116 West Susquehanna.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 16 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Balto.

(c) City or town Towson
(If outside city or town limits, write RURAL and give town)

(d) Street No. 116 W. Susquehanna
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Elizabeth H. Tarbert

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Alexander Tarbert

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 28, 1861

8. **AGE:** Years 79 | Months 6 | Days 13 | If less than one day _____ hr. _____ min.

9. Birthplace Alberton Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Phineas Hartley
13. Birthplace Maryland

MOTHER
14. Maiden Name Deborah Comthwaite
15. Birthplace Maryland

16 (a) Informant Mrs Phineas Hartley
(b) Address Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14th 40 (month) (day) (year)

(c) Cemetery or crematory Friends Cemetery
Location Balto. City Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7701 Belair Rd.

19 (a) Dec 12 1940 (Date rec'd by registrar) (b) A M Bacon Registrar

MEDICAL CERTIFICATION

20. Date of death December 11 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1940, to Dec 11 1940, and that I last saw her alive on Dec 11 1940.

Immediate cause of death	Duration
Cerebral Haemorrhage	4 days
Due to Hypertension - arteriosclerosis Myocarditis	
Due to	
Other conditions Terminal Bronchopneumonia	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. O. Sellman MD
M. D. or other

Address Towson, Md Date signed Dec 11, 1940

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12461

1. PLACE OF DEATH

County Baltimore (94) Registration Dist. No. 38

Village or City Timonium No. York Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U.S. if of foreign birth? Life yrs. mos. ds.

2. FULL NAME Mrs Claudia Keilholtz Thompson If U. S. Veteran, specify WAR None

(a) Residence: No. New Jersey St., Ward Fanwood-N.J.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel B. Thompson

6. DATE OF BIRTH (month, day, and year) January 12 1866

7. AGE Years	Months	Days	If LESS then 1 day, ____ hrs. or ____ min.
74	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Otis Keilholtz

14. BIRTHPLACE (city or town) Berlin (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Shaumeyer

16. BIRTHPLACE (city or town) Berlin (State or country) Md.

17. INFORMANT Mr. O. Otis Keilholtz (Stepson in Law) (Address) Timonium

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Dec 27 1940

19. UNDERTAKER Stewart Funeral Company (Address) Baltimore Md.

20. FILED Dec 26 1940 M. Carroll Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 25 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h__ alive on ____, 19__, death is said to have occurred on the date stated above, at 7 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? — Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) W. P. Elmer Dep M Ex

(Address) Pikesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 1 1941 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

12462

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Parkville
City or town: Balto Co.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: 8101 Harford Rd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Parkville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 8101 Harford Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: James H. Thompson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Grace E. Thompson
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1-5-1877

8. AGE: Years	Months	Days	If less than one day
63	10	26	..... hrs. ..... min.

9. Birthplace: Indiana
(Town, county, and state)
10. Usual occupation: Salesman
11. Industry or business:
FATHER 12. Name: James H. Thompson
13. Birthplace: Ohio
MOTHER 14. Maiden name: Laura Mathers
15. Birthplace: Ohio
16. Informant: Grace E. Thompson
Address: 8101 Harford Rd
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-6-40 (month) (day) (year)
Cemetery or crematory: Parkwood
Location:
18. Funeral director: Leonard Stuck
Address: 5305 Harford Rd.
19. 12/5 1940 (Date rec'd by registrar) C. W. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-3-40 19..... at 7 16 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to Dec 3 1940
and that I last saw h... alive on Dec 3 1940

Immediate cause of death: Coronary Thrombosis — DURATION: 1

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: K K Burns M. D. or other
Address: 8101 Harford Rd Date signed: Dec 5, 1940.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (156-E) BC

12463

CERTIFICATE OF DEATH

Reg. Dist. No. 83

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Camp Mills, Md (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood

Stay in hospital or inst. (yrs., or mos., or days) 9yrs 11mos 14Days

Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1003 Linwood St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph B Timmerman

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1922

8. AGE: Years 17 | Months 11 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual occupation Inmate, Rosewood

11. Industry or business

FATHER 12. Name Henry Timmerman

FATHER 13. Birthplace Baltimore, Md

MOTHER 14. Maiden name Loretta E. Brown

MOTHER 15. Birthplace Virginia

16. Informant Institutional records

Address Camp Mills, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 12 1940 (month) (day) (year)

Cemetery or crematory Rosewood Cemetery

Location Balto. Co.

18. Funeral director J. F. Elvin & Sons

Address Reisterstown Md.

19. Dec. 11 1940 (Date rec'd by registrar) J. Frank Miller, M.D. Registrar E.R.W.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11, 1940, at 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10, 1940, to Dec 11, 1940, and that I last saw him alive on Dec. 11, 1940

Immediate cause of death	DURATION
Bronchopneumonia	1 day -
Due to Acute Bronchitis	1 day -
Due to	
Other conditions Progressive Muscular Dystrophy	Congenital

(Include pregnancy within 3 months of death)

Major findings:

Of operations None done -

Of autopsy None done -

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry G. Fuller M.D.
M. D. or other

Address Camp Mills, Md Date signed 12/11/40

RECEIVED
JAN 4 1941
BUREAU V.S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12464

1. PLACE OF DEATH (163-H)

County Baltimore Registration Dist. No. 30

Village or City Catonsville Md No. 505 Bloomingdale Av St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanor Josephine Van Hill

(a) Residence: No. 505 Bloomingdale St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph H. Van Hill

6. DATE OF BIRTH (month, day, and year): May 5 1901

7. AGE: Years 39 | Months 7 | Days 26 | If LESS then 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: duties

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Jeremiah Coakley

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Walker

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Joseph H Van Hill 505 Bloomingdale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Jan 3, 1941

19. UNDERTAKER (Address): Harry H Witzke 4101 Edmondson Ave

20. FILED: 1/2, 1941 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 31 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
asphyxiation	
illuminating gas,	

Other Contributory Causes of importance:

suicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Dec 31, 1940

Where did injury occur? home Catonsville Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. home

Manner of injury asphyxiation gas

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Geo M Keeffer Exam of Baltimore

(Address) 1010 Leeds Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED
JAN 9 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12465

1. PLACE OF DEATH (74a)

County Balto Registration Dist. No. 44

Village or City Middle River No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William B. Voosen

(a) Residence: No. Middle River Md. St., Ward. S. S. NO. 216-05-5073

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Huebachman

6. DATE OF BIRTH (month, day, and year): July-19-1884

7. AGE: Years 56 | Months 5 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Mr. Anna M. Voosen Middle River Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Sacred Heart Date: 12-24, 1940

19. UNDERTAKER (Address): John G. Connelly Essex Md.

20. FILED: 12-24, 1940 John G. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1940 to Dec 18, 1940

I last saw him alive on Dec 18th, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Disease	1 yr.

Other Contributory Causes of importance:

Angina Pectoris	6 day

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? N

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Benson M. D.

(Address) 1 W. Overlea Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED JAN 6 1941 BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12466

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (46-C)

County Baltimore — Registration Dist. No. 42

Village or City Arbutus — No. Maple Ave. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jeannette Welkner

(a) Residence: No. Maple Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5e. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Welkner

6. DATE OF BIRTH (month, day, and year): Dec. 11-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: George Myers.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Elizabeth Myers.

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): John Welkner! Maple ave Arbutus

18. BURIAL, CREMATION, OR REMOVAL — Place: Western Cem. Date: Dec. 17, 1940

19. UNDERTAKER (Address): Geo. L. Beyer Jr. 5212 Hollins St.

20. FILED: Dec 16, 1940 — Geo Kieffer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: December (Month) 14 (Day), 193 40. (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 25 40, 19 to Dec. 14, 40, 19

I last saw her alive on Dec. 14, 19 40; death is said to have occurred on the date stated above, at 1:30P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of the Pancreas	1 yr
Other Contributory Causes of importance: Post-Operative Obstruction of the Bowel.	1 wek

Name of operation: Explor. Laparotomy — Date of Operation

Whet test confirmed diagnosis? — Was there an autopsy?

23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseese or injury In any way related to occupation of deceased? No

If so, specify

(Signed) D. Lloyd Johnson M. D.

(Address) Catonsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEC 28 1927
REGISTERED

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12467

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Villa Nova (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Katherine Robb Sanatorium

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)

State: Md. County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 2105 Maryland Ave. (If rural give LOCATION)

2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Antonia White

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife: Joseph White

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 29, 1876

8. AGE: Years	Months	Days	If less than one day
64	8	23	hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER 12. Name: Henry Buschmann

13. Birthplace: Germany

MOTHER 14. Maiden name: Caroline Burhorst

15. Birthplace: Germany

16. Informant: Annie M. Gebhardt

Address: Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 24, 1940 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: Baltimore, Md.

18. Funeral director: Frank H. Newell

Address: Pikesville, Md.

19. 12/23 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 22 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 23 1940, to Dec. 22 1940, and that I last saw her alive on Dec. 22 1940.

Immediate cause of death: Carcinoma of left breast — DURATION: 2 yrs.

Due to:

Due to:

Other conditions: Metastisis of carcinoma to left lung. (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. E. Nichols M.D. M. D. or other

Address: Pikesville Md. Date signed 12-23-40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

12468

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore Co.
City or town: Woodlawn (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Walnut Avenue
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Woodlawn Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No.: Walnut Avenue (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elise Wise

3. (b) Social Security Number:

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

(b) Name of husband or wife: None

(c) If elive, give age: years

7. Birth date of deceased (mo., day, yr.): July 27 1861

8. AGE: Years: 79 Months: 4 Days: 15 If less than one day: hrs. min.

9. Birthplace: Catonsville, Baltimore Co., Md. (Town, county, and state)

10. Usual occupation: Worker in shoe factory - retired

11. Industry or business:

FATHER
12. Name: George Wise
13. Birthplace: Germany

MOTHER
14. Maiden name: Betty Schoppe
15. Birthplace: Germany

16. Informant: Mrs Amelia J Haldy
Address: Woodlawn Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 16, 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park Cem.
Location: Baltimore Md.

18. Funeral director: Easton Sons
Address: Ellicott City, Md.

19. Dec 13 1940 (Date rec'd by registrar) Henry A Divings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 12 1940, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 to Dec. 12 1940, and that I last saw h alive on Dec. 12 1940.

Immediate cause of death: Chronic Myocardial Degeneration — DURATION: 10 years

Due to:

Due to:

Other conditions: Chronic Hypertrophic arthritis — DURATION: 12 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Not done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Joshua H. Annacott M.D. (M. D. or other)

Address: Woodlawn Md Date signed: Dec. 13 1940

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12469

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Balto.

City or town Sparrows Point, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) three years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto

City or town Sparrows Point, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Edgemere P.O.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eugene Edward Wray

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Infant

6 (b) Name of husband or wife –

6(c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Sept 13-40

8. AGE:

Years	Months	Days	If less than one day
	2	22	hrs. min.

9. Birthplace Sparrows Point, Md.

(Town, county, and state)

10. Usual occupation infant

11. Industry or business –

FATHER 12. Name Francis Nelson Wray

13. Birthplace McClure, Pa.

MOTHER 14. Maiden name Violet McClelland

15. Birthplace McClure, Pa.

16. Informant Francis Wray

Address Edgemere P.O.

17. Burial Date thereof Dec 7-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bellstown Cemetery

Location Bellstown, Md.

18. Funeral director Harry H. Wilzbach

Address 4101 Edmondson Ave

19. Dec 5- 1940 Dawson L. Farber Dep. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5- 1940, at 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5- 1940, to Dec 5- 1940, and that I last saw h[illegible] alive on Oct 26- 1940

Immediate cause of death Bronchial Pneumonia — DURATION 3 4 Days

Due to Convulsions — 2 hrs

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dawson L. Farber M. D. or other

Address Sparrows Point, Md. Date signed 12/5/40

JAN 6 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12470

1. PLACE OF DEATH (48-A)

County Baltimore Registration Dist. No. 38

Village or City Towson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U.S. if of foreign birth? 54 yrs. — mos. — ds.

2. FULL NAME Carmela Zaccaro If U. S. Veteran, specify WAR —

(a) Residence: No. 418-Hopkins Rd St., Ward. —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Zaccaro

6. DATE OF BIRTH (month, day, and year): 5/17/1870

7. AGE: Years 70 | Months 6 | Days 27 | If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Giovani Pessagno

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Maria Isetti

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Edw. Zaccaro 418-Hopkins Rd.

18. BURIAL, CREMATION, OR REMOVAL Place: Cedar Hill Date: 12/17/40, 19

19. UNDERTAKER (Address): George J. Ruthline 1735 Harford Ave

20. FILED: Dec. 17, 19 40 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1939, to Dec 13, 1940

I last saw her alive on Dec 13, 1940; death is said to have occurred on the date stated above, at 11 58 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?

Other Contributory Causes of Importance:

Arterio Sclerotic C.V. disease c̄ hypertension

Chronic myocarditis ?

Name of operation: Insertion of Radium Date of Dec 5/39

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Howard L. Zepnick M. D.

(Address) 427 Hopkins Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Towson Po.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

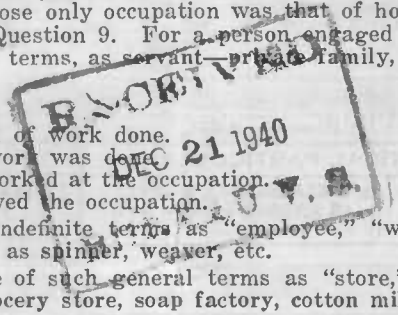
U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.



In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN